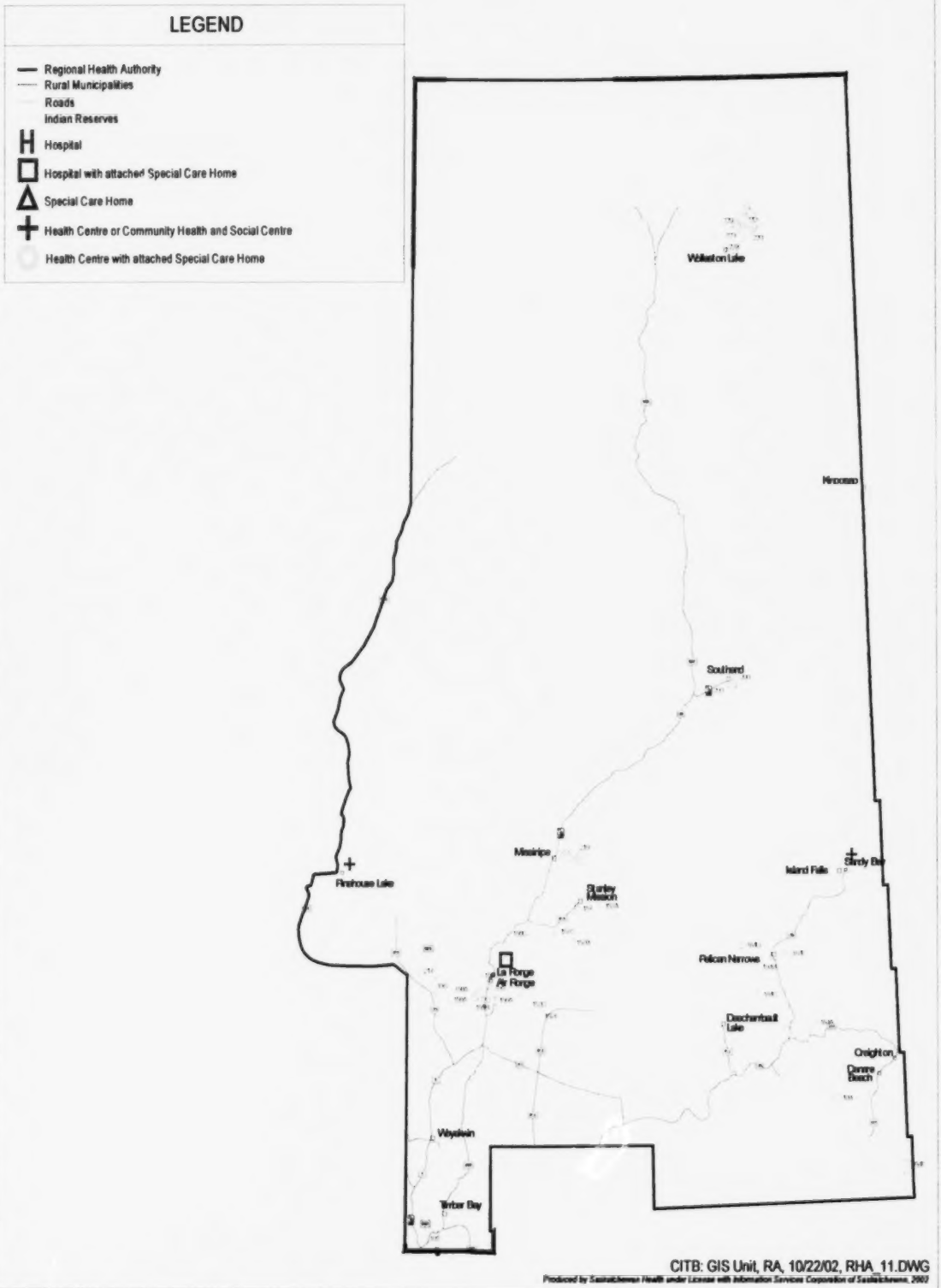
2006-2007 Annual Report

Mamawetan Churchill River Health Region

Saskatchewan Health

Mamawetan Churchill River Regional Health Authority

(2006 Population 21,738)



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The electronic version of this annual report may be found at: www.mcrrha.sk.ca

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

Box 6000
La Ronge, Sk. S0J 1L0
Phone : (306) 425-2422
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To the Honourable Len Taylor
Minister of Health

To the Honourable Graham Addley
Minister of Healthy Living Services

Dear Minister Taylor and Minister Addley:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2006-07 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2007.

Respectfully submitted,

Al Rivard

Al Rivard
Chairperson

Who We Are

Saskatchewan Health Vision

"Building a province of healthy people and healthy communities."

MCRRHA Mission, Vision and Values

Mission:

Working together in wellness to promote, enhance and maintain quality of life.

External Vision:

A vibrant community, rich in northern heritage, supported through wellness, tradition and culture.

Internal Vision:

A safe, respectful environment of teamwork, learning and continuous improvement, representative of the communities we serve.

Values:

Wholistic Care: Compassionate care, recognizing and supporting physical, mental, spiritual, social and emotional well-being.

Respect: The unique worth of each individual will be valued in our relationships, decisions, and actions.

Competence: A commitment to knowledge, standards, ethics and improvement.

Team Approach: Working together through cooperation and recognizing each other's contributions to achieve a common goal.

Accountability: Having the courage to do what is right, guided by honesty and a devoted responsibility for our people and our resources.

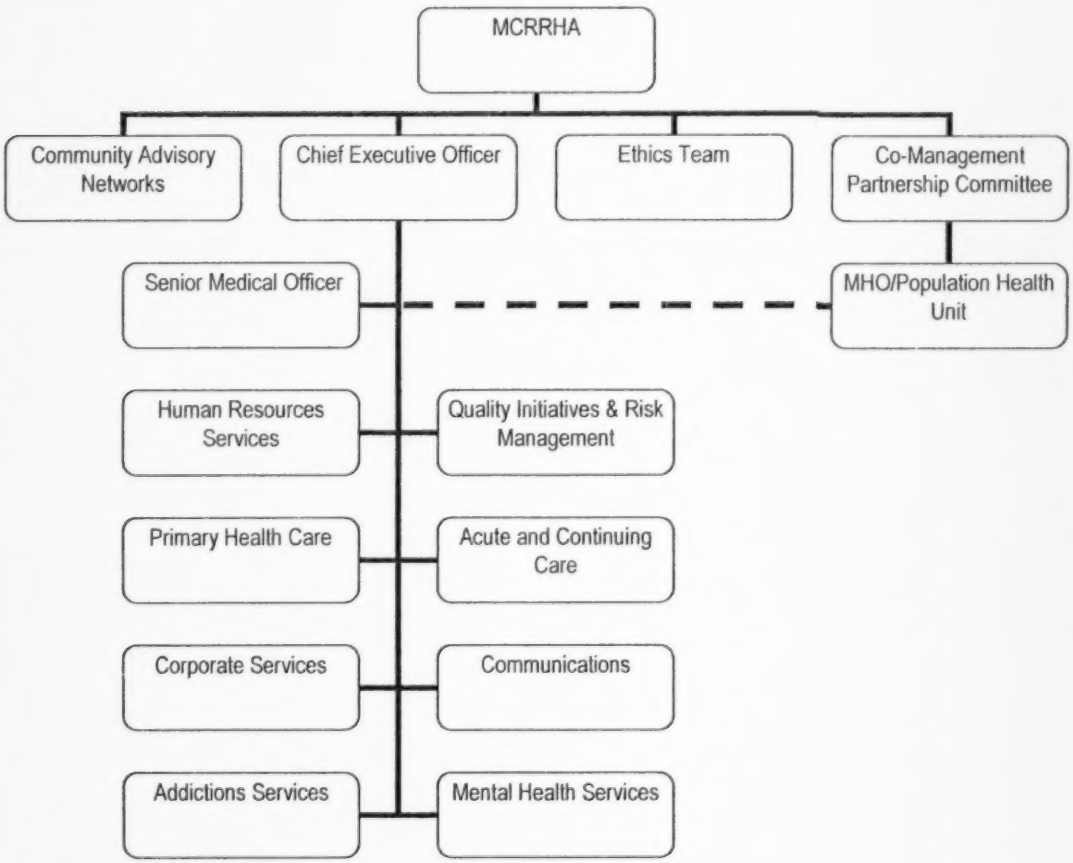
Service Philosophy:

We believe that:

- All cultures, values and beliefs are meaningful and should be acknowledged (this includes cultural and spiritual beliefs).
- Each individual has unlimited potential.
- People, especially children, are our most important resources.
- All people have equal intrinsic worth.
- The family, community and environment are primary influences in the development of the individual.
- Health is an important element in the development of individual's mental, physical, social, spiritual and emotional needs.
- We need truth, honesty, respect and commitment for all in the framework of society.
- Everyone is created equal, unique and worthwhile.

Organizational Chart:

The Mamawetan Churchill River Health Region is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. The Leadership Group is made up of the Chief Executive Officer and those reporting directly to her, along with the Community Health Managers in Creighton, Pinehouse, and Sandy Bay, as well as the Occupational Health & Safety/ Benefits Coordinator, Representative Workforce Coordinator, and Finance Coordinator. An organizational chart is provided for reference.



Health Care Organizations & Other Third Party Relationships:

- CADAC, the Creighton Alcohol and Drug Abuse Council, provides outpatient addictions prevention and recovery services in the Creighton/Denare Beach area.
- Contracted Emergency Medical Services – La Ronge, Peter Ballantyne Cree Nation Health Services, NorMan RHA (Flin Flon General Hospital Ambulance Service).

Functional Review:

The following is a list of programs and their functional areas of responsibility:

Human Resources:
- Long service recognition
- Human resource planning
- Recruitment
- Labour relations
- Performance management
- Staff orientation program
- Aboriginal Employment Development Program
- Summer student placements
- Employee & family assistance program
- Disability management program
- Payroll
- Benefits
- Regional OH&S committee

Acute and Continuing Care Services:
- Acute and emergency services La Ronge Health Centre
- Liaison services
- Central supply room
- Pharmacy
- Physiotherapy
- Diagnostics – Lab, X-ray, Ultrasound
- Long term care, respite & palliative services
- Volunteers, activities, home care
- Support Services – Housekeeping, Dietary, Maintenance
- Emergency Disaster Planning
- Pandemic Planning
- Regional vehicles management

Quality Initiatives & Risk Management:
- Quality of care & concern handling
- Risk management
- Regional infection control committee
- Continuous quality improvement committee
- Quality Improvement Advisory Group Rep, Health Quality Council
- Privacy Committee
- Health Records

Primary Health Care Services:
- Primary care demonstration site in La Ronge
- Primary health care centres in Sandy Bay & Pinehouse
- Administration of Creighton Health Centre
- Kids First North
- Sexual Wellness
- Emergency Medical Services – Sandy Bay, Creighton, Denare Beach
- Physician Services – Sandy Bay, Denare Beach, Pelican Narrows
- Public Health Nursing services
- Dental Health
- Community Health Educators
- Problem Gambling Prevention
- Diabetes Education
- Dietitian
- Medical transportation

Mental Health Services:

- Assessment
- Counselling
- Advocacy & Collaboration
- Critical Incident Stress Debriefing
- Group Facilitation
- Consultation & Referrals
- Outreach to Weyakwin, Brabant & Sandy Bay
- Satellite Offices: Creighton, Pinehouse

Addiction Services:

- Detoxification
- Addictions Counselling
- Youth Addictions Services (Project Hope)
  *youth activities
  *educational groups
  *community mobilization services (Sandy Bay)

Corporate Services:

- Financial reporting
- Materials management
- Contracts
- Insurance
- Asset Management
- System Controls
- Information systems & telephony
- Telehealth, La Ronge & Provincial Network Operations Manager
- La Ronge Health Centre switchboard

Communications:

- Communications
- Media Relations
- General Enquiries
- Board Support

Senior Medical Officer:

- Practitioner Staff Services
- Practitioner Advisory Committee
- Other duties as per Practitioner Staff Bylaws

Population Health Unit:

- A partnership between the RHAs in the north under the auspices of the Co-Management Partnership Committee and Co-Management Advisory Group, which provides direction to the Population Health Unit.
- Public Health Nutrition
- Environmental Health
- Communicable Disease Control
- Chronic Disease Control
- Dental Health Education
- Health Indicators Development
- Health Indicators Report
- Medical Health Officer Services

Strategic Themes:

- To Improve Access to health services to meet priority needs (Relates to Saskatchewan Health Action Plan Goal 1.)
  - Improve access to continuing care
  - Improve access to therapies
  - Enhance client care experience
  - Improve access to health services as part of access to human services for vulnerable populations

- Support Health Promotion and Disease Prevention (Relates to Saskatchewan Health Action Plan Goal 2.)
  - Increase active healthy living within communities in Mamawetan Churchill River Health Region
  - Reduce substance use and abuse within communities in Mamawetan Churhcill River Health Region
  - Reduce preventable injuries within communities in the health region
  - Reduce communicable disease within communities in the health region
  - Improve Chronic Disease Management

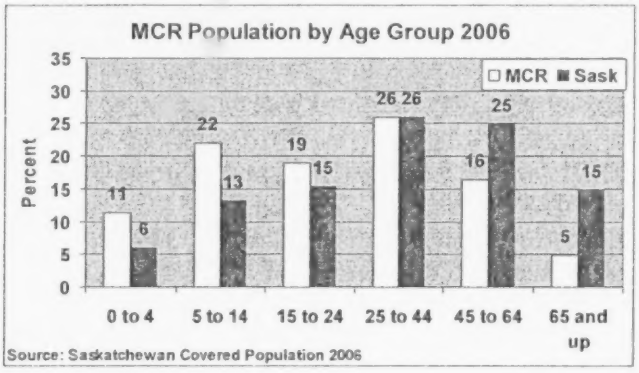
- Recruit, retain and train health providers (Relates to Saskatchewan Health Action Plan Goal 3.)
  - MCRRHA will be a preferred employer

- Organizational Development and Effectiveness (Relates to Saskatchewan Health Action Plan Goal 4.)
  - MCRRHA's mission, vision, values and philosophical statements will be reflected in all planning and programming within the health region
  - MCRRHA will develop a plan to ensure information exchanges both internally and externally to inform the annual planning cycle of the region
  - MCRRHA will be a sustainable, efficient, accountable and quality health organization

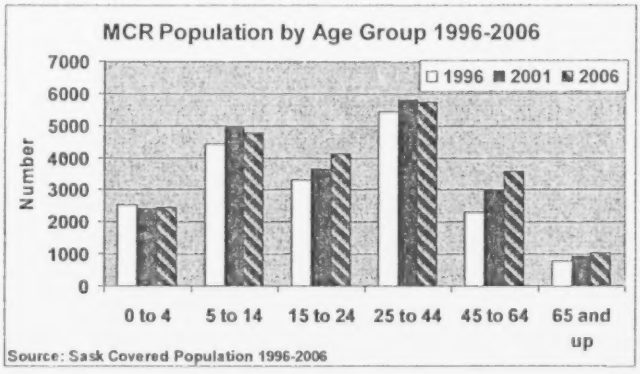
Our Region

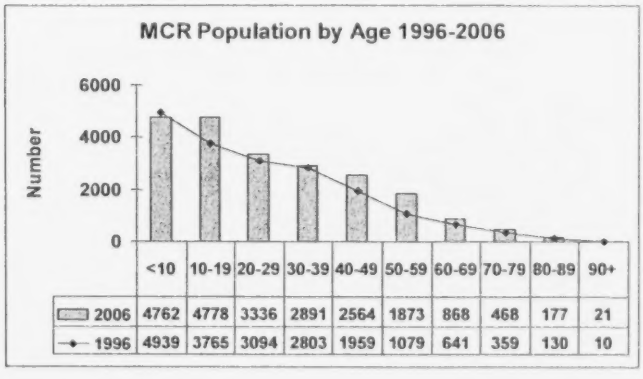
The Mamawetan Churchill River Health Region provides service to over 21,000 residents in the north-east area of Saskatchewan. Geographically, it is the largest Saskatchewan health region, covering nearly 25% of the entire province.

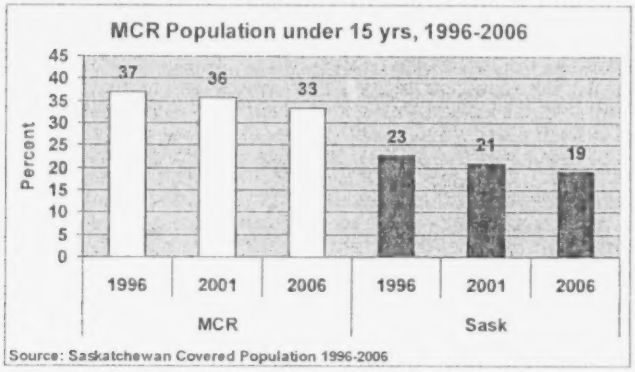
Population: The Mamawetan Churchill River (MCR) Health Region continues to have a young, growing population. In 2006, MCR had 33% of its population under 15 and only 5% aged 65 or older. Saskatchewan had only 19% under 15, but 15% were aged 65 or older.



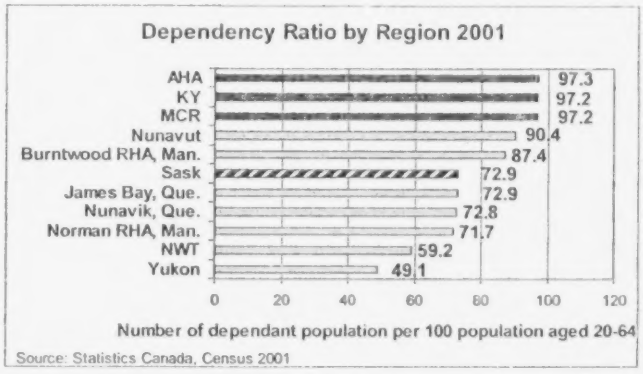
The MCR population has increased by 15.8% in the past 10 years. The age groups of greatest increase in numbers is the 10-19 and 40-60 age groups though the highest rate of increase is in the over 65 year age groups. The absolute population increase in each of these age groups has implications on health needs and health service requirements.



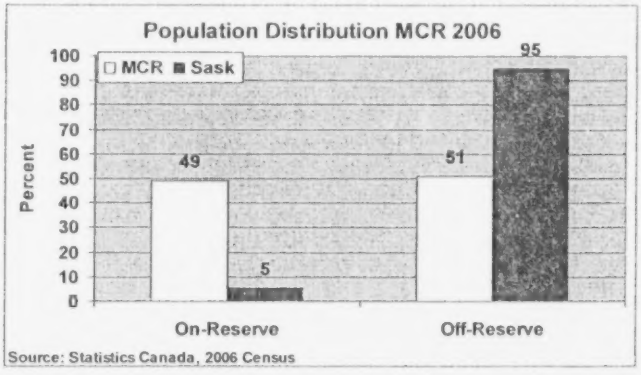




MCR along with Keewatin Yatthé and the Athabasca Health Authority have the highest 'dependency ratios' of all other health regions in Canada (from a May 2007 Statistics Canada report). This is a reflection of the number of youth under 20 and elders over 65 years of age compared to the middle aged groups. Dependency ratios are economic indicators – regions with high dependency ratios indicate economically stressed areas.



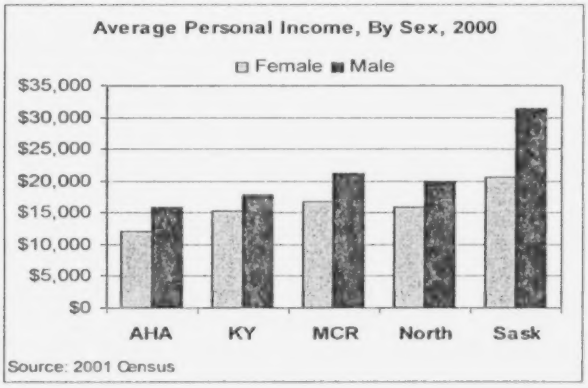
In 2006, approximately half the residents in MCR lived on-reserve (49% on-reserve, 51% off-reserve). This is in marked contrast to the overall Saskatchewan population with only 5% of the population living in reserve communities.

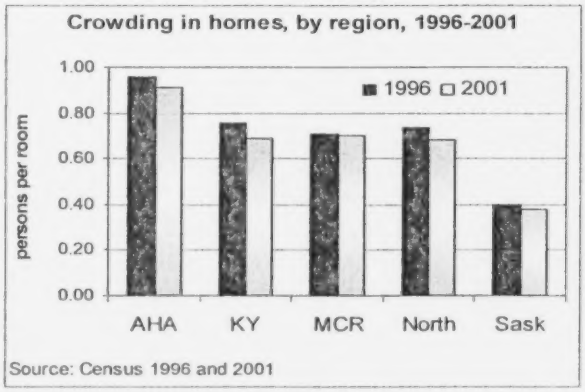


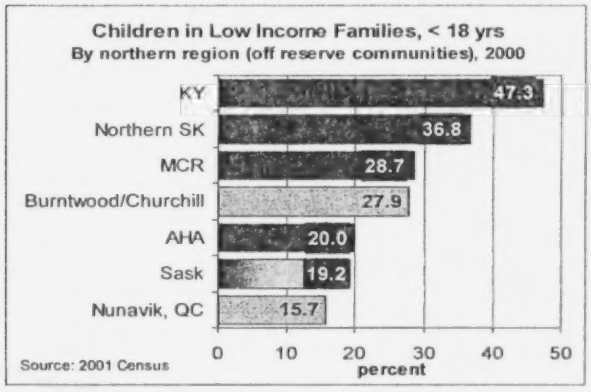
Non-medical (socio-economic) determinants of health *– latest information from Census Canada*

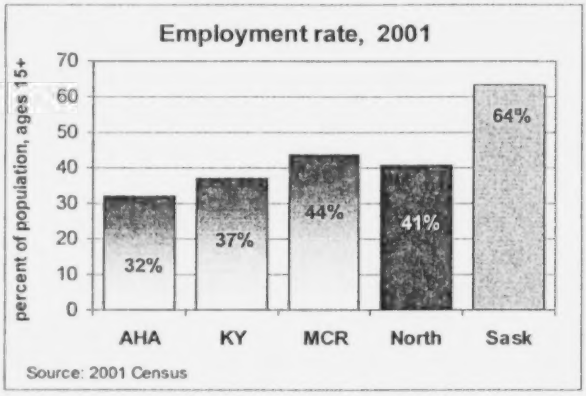
- Enrolment in northern K-12 schools grew by 3% between 1998/9 and 2005/6. Most of the growth has been in middle years and secondary enrolments and in First Nations schools. Enrolments in northern provincial kindergarten and elementary grades decreased by 33% and 26% respectively. (Northern Saskatchewan Regional Training Needs Assessment Report 2006)
- 76.6 % of the MCR population are Aboriginal, compared to 13.5% in Saskatchewan (Census 2001)

- An Aboriginal language was spoken in the homes of 50.7% of northern people in 2001, up from 47.6% in 1996, compared to 3 % of Saskatchewan people, up from 2.5% in 1996. (Census 2001)
- The employment rate in MCRHR was 43.9%, compared to 63.5% in Saskatchewan in 2001.
- In MCRHR, 28.7% of children, compared to 19.2% in Saskatchewan, are in low income families. (2001 Census)
- In the MCRHR, the average personal income for males ($21,250) and females ($16,754) was 67.8% and 81.7% of the average incomes for their Saskatchewan counterparts. (Census 2001)
- Crowded housing contributes to transmission of communicable diseases. The average number of people per room decreased between the 1996 and 2001 Census years, but still remains nearly double the average for all of Saskatchewan.



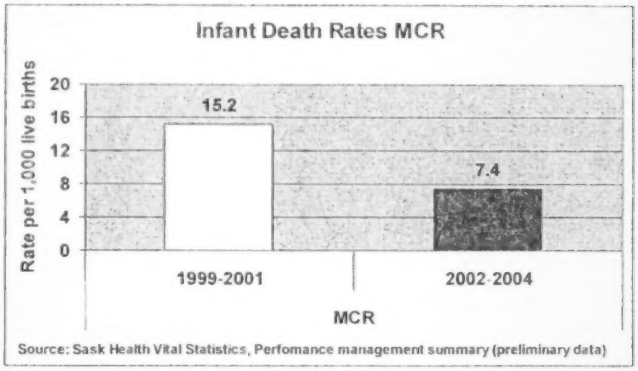




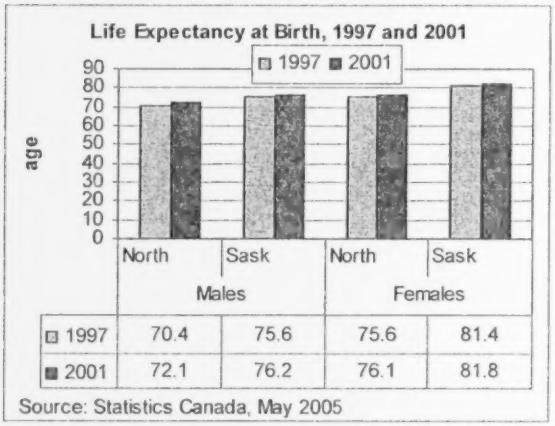


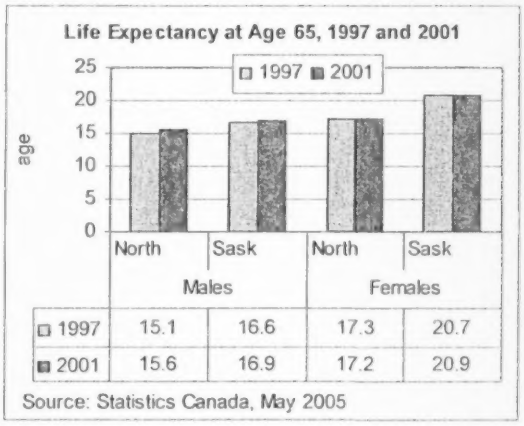
Infant Mortality: There were 9 infant deaths in the MCR Health Region in the three year period of 2002 to 2004 compared to 21 in 1999-2001. With small numbers, there can be wide fluctuations in rates from one time period to another. This data shows more than a 50 percent decrease in the infant mortality rate (IMR) from 15.2 infant deaths per 1,000 live births in 1999-2001 to 7.4 in 2002-4. However, preliminary data indicates the 2005 rate increases to 22.1 deaths per 1000 live births. Thus, changes in the MCR infant mortality rate must be evaluated with caution. In comparison, the IMR for Saskatchewan dropped from 6.2 to 5.9 infant deaths per 1000 live births from 1999-2001 to 2002-2004.

The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. Increased funding and efforts aimed at reducing infant mortality in northern regions have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.



Life expectancy (at birth and at age 65 years): The life expectancy at birth in the three northern health regions increased 0.5 years among females to 76.1 years and 1.7 years among males (to 72.1 years) from 1997 to 2001. Although the life expectancy for northern residents remains significantly lower than for all of Saskatchewan, the gap in life expectancy at birth is closing with only a 0.4 year gain among females (to 81.8 years) and 0.6 year gain among males (to 76.2 years) across Saskatchewan in the same period.

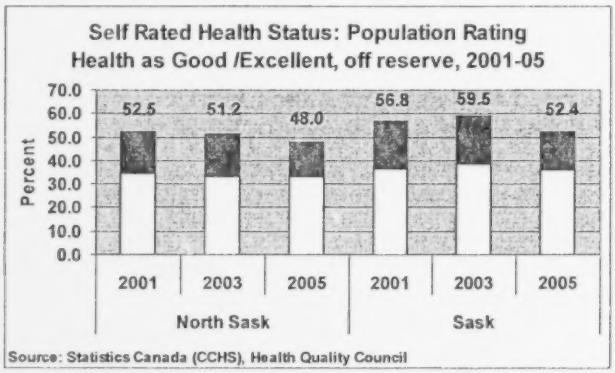




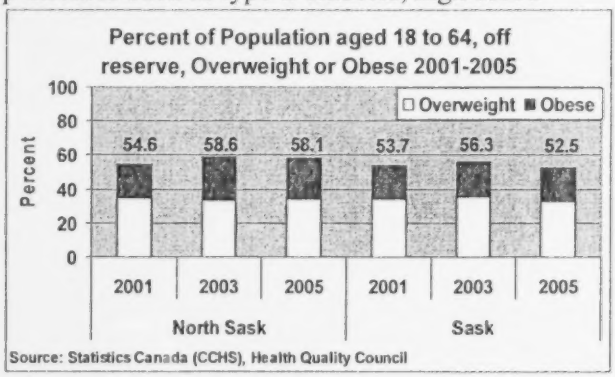
The life expectancy among those who reach age 65 in the three northern health regions decreased from 1997 to 2001 by 0.1 year among females (to 17.2 years of life or 82.2 years of age) and 0.5 years among males (to 15.6 years of life or 80.6 years of age). For all of Saskatchewan, females at age 65 in 2001 could expect to live 0.2 years longer than in 1995 and males could expect to live 0.3 years longer.

Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty. Higher rates of infant mortality and premature deaths from injuries seen in the north could also be a contributing factor to the lower life expectancies of northern residents.

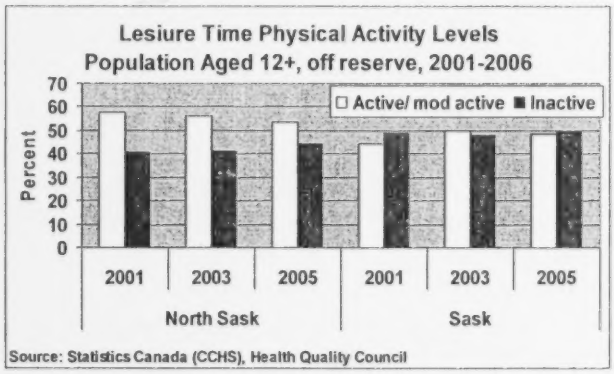
Self rated health status: Self rated health status is good indicator of overall health as it corresponds with the individual's personal meaning of health. Thus, this indicator can capture components of health, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function, which other measures cannot. Since 2003, Northern residents' self rated health status has remained relatively stable in the very good category (32.9 in 2003 and 32.83% in 2005) but has decreased in the excellent category (18.4% in 2003 and 15.12% in 2005). The province has seen decreases in both the very good (38.6% in 2003 and 35.74% in 2005) and excellent categories (20.8% in 2003 and 16.6% in 2005); however both categories of self rated health status remain higher at the provincial level than in the northern health authorities.



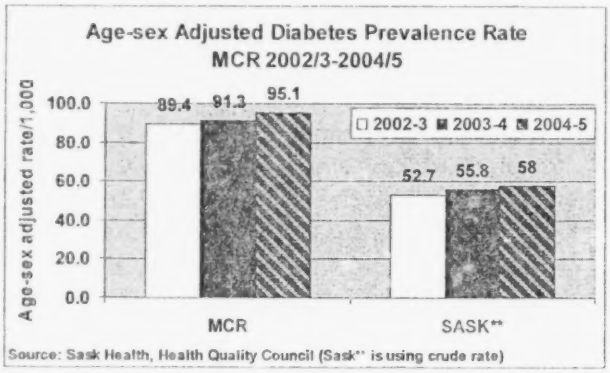
Overweight and Obesity: People who are classified as overweight have a Body Mass Index of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater. Overweight and obese people are at higher risk to develop diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others. In 2005, 33.9% and 24.2% of northern Saskatchewan residents reported being either overweight or obese, respectively. The disparity between northern Saskatchewan rates and provincial rates has increased from 2001-2005 which emphasizes the important continuing need for health promotion, intersectoral initiatives.



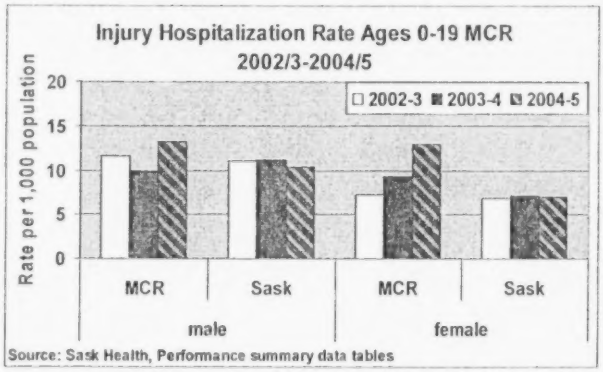
Leisure-time physical activity: In comparison to other Saskatchewan health regions, the northern health authorities had the highest percentage of residents who reported participating in active or moderately active levels of physical activity during leisure time in 2005. Similarly, the northern health regions also had the lowest percentage of residents who reported inactivity levels. However, the percentage of northern residents reporting active or moderately active physical activity levels has been decreasing slightly since 2001 (57.4% to 53.4%), while those reporting inactivity has been increasing slightly during the same time period (40.5% to 44.1%).



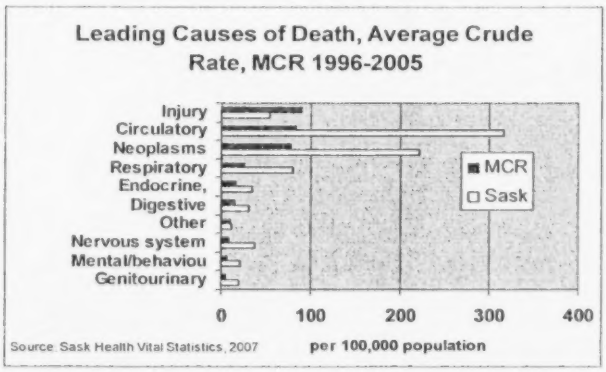
Age-sex adjusted diabetes prevalence: The proportion of people living in MCR with diabetes (prevalence rate) increased by 2.1 per 1,000 population in 2004/5 from 2003/4 (54.8 to 56.9). As the middle-aged and elderly (who have higher rates of diabetes) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. The age-sex adjusted diabetes prevalence rate in MCR has been steadily increasing since 2002/3, up by 5.7 in 2004/5 (95.1 compared to 89.4). The age-sex adjusted diabetes prevalence rate in MCR Saskatchewan is just over 60% higher than the provincial rate.



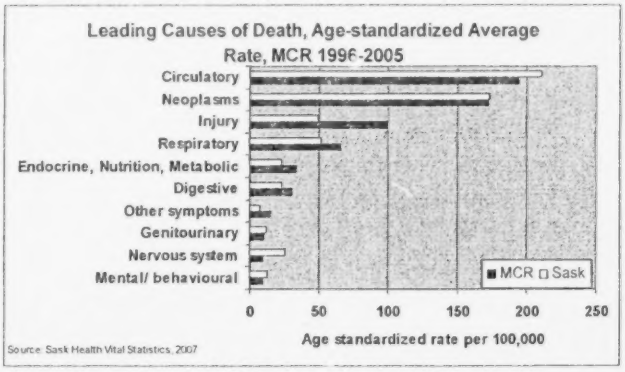
Injury Hospitalization: The injury hospitalization rate for children and youth aged 0-19, has been steadily increasing between 2002/3 to 2004/5 for females in MCR (7.2 to 9.3 to 12.9 hospitalizations per 1,000 population) and remains substantially higher than the provincial rate in 2004/5 (6.9), which remained relatively stable from the 2003/4 rate (7.1). In males, there has been a less consistent trend, although the MCR rate (13.2) remains higher than the provincial rate (10.4). However, caution should be taken when comparing the northern rates, as the relatively small numbers of injury-related hospitalizations can lead to wide fluctuations in year to year rates, as well as lower confidence in the values. This may explain the fluctuating rates seen in MCR males from 2002/3 to 2004/5. The continuation of northwide health promotion strategies to deal with issues of substance abuse and mental well-being will be important to assist in the prevention of injury hospitalizations and deaths.



Leading causes of death: The leading causes of death (crude rate) in MCR between 1996 and 2005 were injuries, circulatory diseases, and neoplasm diseases. In contrast, the leading causes of death in Saskatchewan, over the same time period, were circulatory, neoplasm and respiratory diseases. This difference is not surprising as the population in MCR is much younger (where injuries are more dominant), with less population in the older age groups (where the chronic conditions such as neoplasm, circulatory and respiratory diseases are more common).



As the middle-aged and elderly (who have higher rates of chronic diseases) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. After these adjustments are made, circulatory diseases and neoplasms move ahead of injuries as the leading causes of death in MCR. As well, the rates for MCR are now very similar to the provincial rates, with the exception of the injury rate which is still twice the provincial average. Age-standardization allows for a more accurate comparison of health risks between population groups.

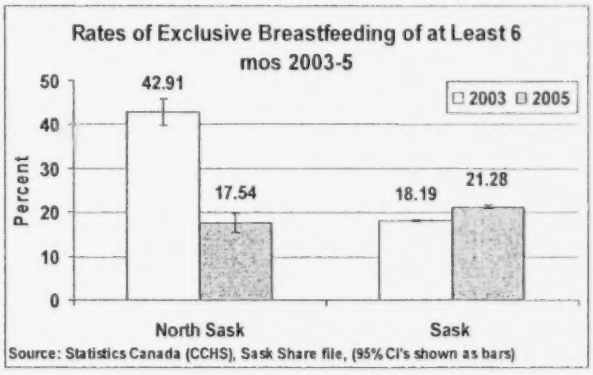


Potential years of life lost per 100,000 population (age 0-74 years) by major causes of death: Potential years of life lost (PYLL) are the years not lived to the age of 75 because of premature death. This measure is affected by the causes of deaths in children, and younger and middle-aged adults. For the 2001 PYLL by major causes of death among all eleven Saskatchewan health regions, the combined Northern Health Regions ranked 8th for circulatory diseases, 11th for all cancers combined, 10th for respiratory diseases, 1st for suicides, and 1st for unintentional injuries. The last two causes of premature death are higher in the younger age groups, which are in higher proportions in the north.

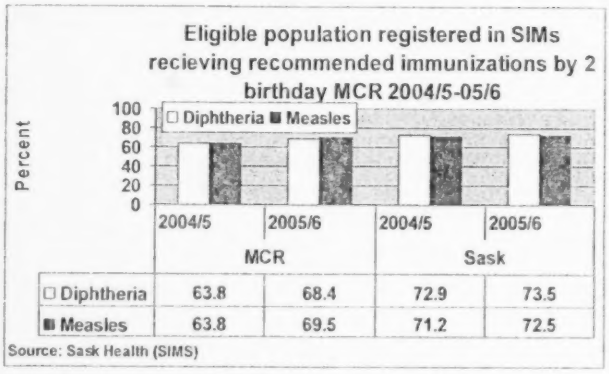
Low birth weight rate per 100 live births: In the 3-year period of 2002-4, 5.1% of infants in MCRHR were born weighing less than 2500grams, which is considered to be low birth weight. This was slightly lower that the Saskatchewan rate of 5.4 % in the same period and the MCRHR rate of 5.5% in 1999-2001.

High birth weight rate per 100 live births: In the three year period of 2002-2004, 17.7 % of newborns had a high birth weight (4000 + grams) in MCRHR, the fourth highest rate of all RHAs in Saskatchewan. It was slightly lower than the rate of 19.3% of live births for MCRHR in 1999-2001 and 2% more than the Saskatchewan rate of 15.7 % in 2002-4. High birth weights are linked to areas with higher rates of diabetes.

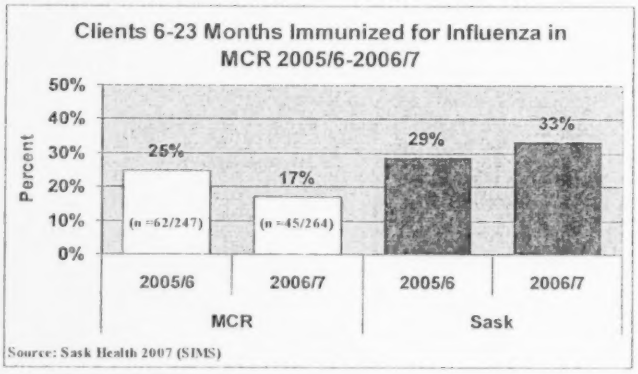
Breastfeeding: The percentage of northern mothers that breastfed exclusively to at least 6 months decreased substantially between 2003 (42.91%) and 2005 (17.54%). During the same time period the provincial rate increased slightly from 18.19% to 21.28%. Though small numbers of people involved in the northern component of the CCHS may have some influence on this northern variation, confidence intervals suggest that this change is a significant reduction in breastfeeding rates in northern Saskatchewan. Further investigation will be required to suggest an explanation for the decrease.



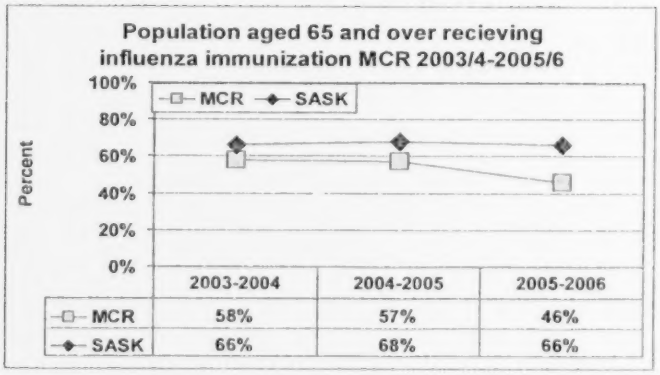
Recommended immunization: The percentage of MCR clients registered in the Saskatchewan Immunization Management System (SIMS) that received the recommended immunizations increased between 2004/5 and 2005/6, from 63.8% to 68.4% for diphtheria and 63.8% to 69.5% for measles. Smaller increases were noted at the provincial level, going from 72.9% to 73.5% for diphtheria and 71.2% to 72.5% for measles, both of which remain slightly higher than the MCR rates.



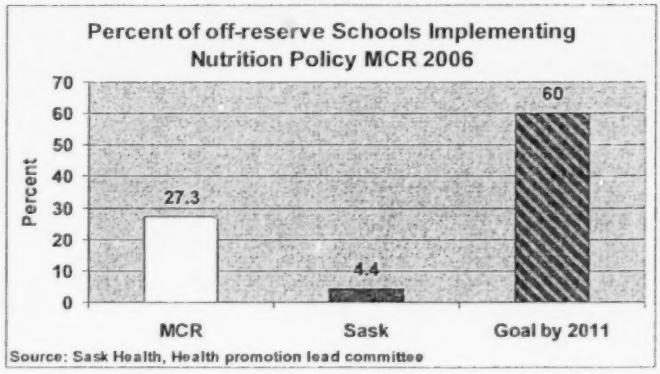
Influenza immunization: The percentage of MCR clients aged 6 to 23 months that received an influenza immunization decreased from 25% in 2005/6 to 17% in 2006/7. At the same time the Saskatchewan coverage rate increased from 29% to 33%, which is now nearly twice the coverage rate of MCR. This may also be a reflection of the challenges to recruiting and maintaining public health nurses in many northern communities and reveals the need for greater public and health professional education on the benefits of childhood influenza vaccination especially in areas of greater risk of complications from influenza such as regions with higher community-associated MRSA (Methicillin-resistant Staphylococcus aureus) rates.



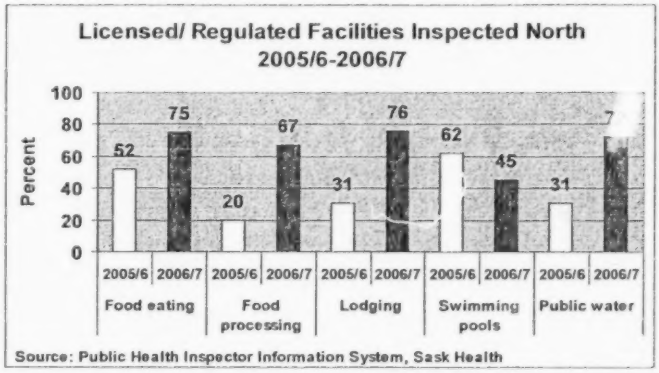
The percentage of the MCR population aged 65 and over that received the influenza immunization decreased between 2004/5 and 2005/6, from 57% to 46%.
During that same time, Saskatchewan rates decreased from 68% to 66%, but remained higher than MCR rates. Challenges of recruitment and retention of public health nursing staff continue.



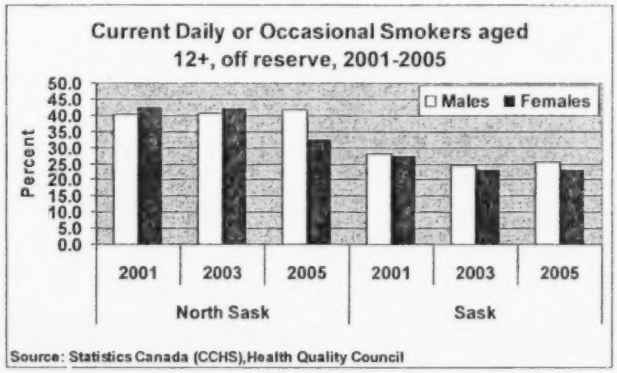
School nutrition policies: Schools that have a written nutrition policy have taken the important first step of implementing nutrition policies, which in turn can be an important component of a healthy school environment that promotes healthy lifestyles for its students. The provincial goal is for 60% of all schools in the province having written school policies by the year 2011. It appears that MCR has taken a good step forward. Of all the health regions, MCR had the highest proportion of schools that are implementing a nutrition policy (27.3%).



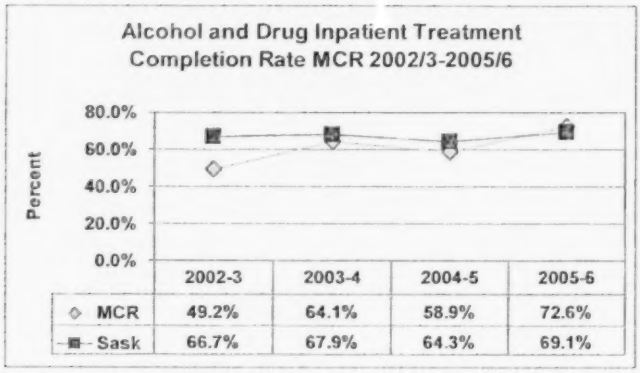
Inspection rates: The percentage of licensed or regulated facilities that were inspected in the North increased substantially in almost all areas between 2005/6 and 2006/7. The only area to decrease was swimming pools (62-45%). As there are only a small number of swimming pools in the North, small changes in inspection can lead to large fluctuations in inspection rates from year to year. The biggest differences were noticed in food processing, lodging, and public water supplies, which increased by 3.4, 2.5 and 2.4 times, respectively. The reason for these large increases in inspection rates may be explained, in large part, due to the recruitment and retention initiatives in public health inspector field staff.



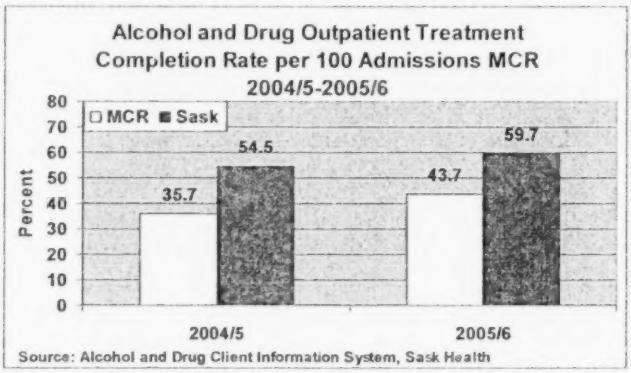
Smoking rates: Smoking rates in northern Saskatchewan off-reserve communities remain substantially higher than provincial rates though there appears to be some improvement in female rates in 2005. The percent of off-reserve northern males aged 12+ that report current daily or occasionally smoking has remained relatively stable since 2001 (40.2, 40.7, 41.8%). On the other hand, the percent of females reporting to smoke has shown a 9.7% decrease in 2005 compared to 2003, going from 42.0 to 32.3%. Northern rates for both males and females remain substantially higher then provincial rates in 2005 (25.1% in males and 23.3% in females). Northwide specific smoking prevention strategies incorporating diabetes and heart disease prevention are incorporated into the Northern Healthy Community Partnership – these stats reveal the importance of these initiatives.



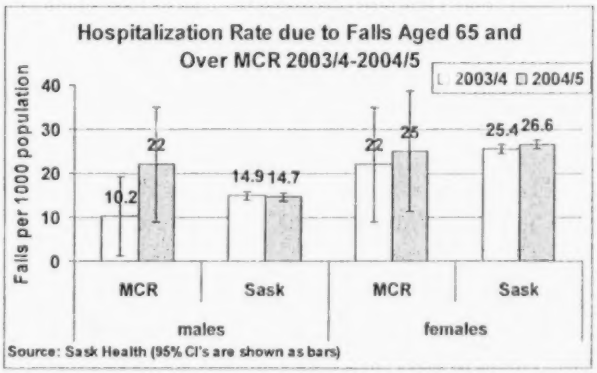
Alcohol and drug treatment: The MCR alcohol and drug inpatient treatment completion rate has been improving over the past several years, increasing from 49.2% in 2002-3 to 72.6% in 2005/6. During the same time period Saskatchewan's rate improved slightly from 66.7% to 69.1%.



MCR had an 8% increase in its alcohol and drug outpatient treatment completion rate, going from 35.7% in 2004/5 to 43.7% in 2005/6. Saskatchewan had slightly higher completion rates during both time periods (54.5% and 59.7%) than MCR, but a smaller 5.2% increase between the two time periods.



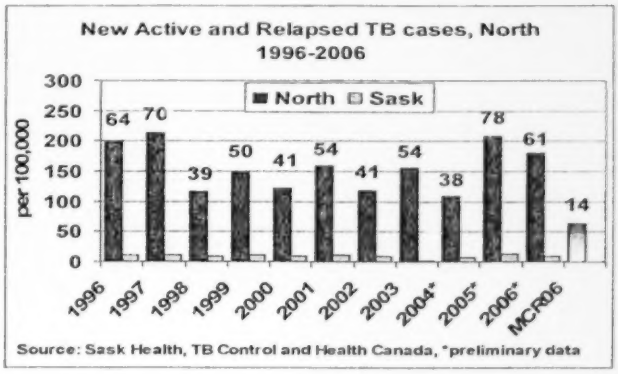
Hospitalization due to falls: The hospitalization rate due to falls in the MCR population aged 65 and over, rose in males from 10.2 falls per 1000 population in 2003/4 to 22 in 2004/5. In MCR females, the rate rose slightly from 22 to 25, over the same time period. At the provincial level, the male rate remained relatively constant decreasing from 14.9 in 2003/4 to 14.7 in 2004/5. Over the same time period, the female rate increased slightly from 25.4 to 26.6 falls per 1000 population. However, caution should be taken when comparing the northern rates, as the relatively small numbers of hospitalizations due to falls can lead to wide fluctuations in year to year rates, as well as lower confidence in the values (as seen by the very large 95% confidence intervals).



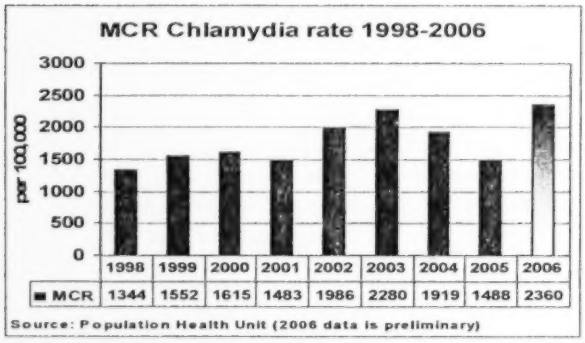
Ambulance calls: In 2005/6 MCR received 2,236 ambulance calls and ensured 100% of those calls were answered by individuals with at least an emergency medical technician (EMT) training. This is very important to an area such as MCR, as the population is spread over a large territory.

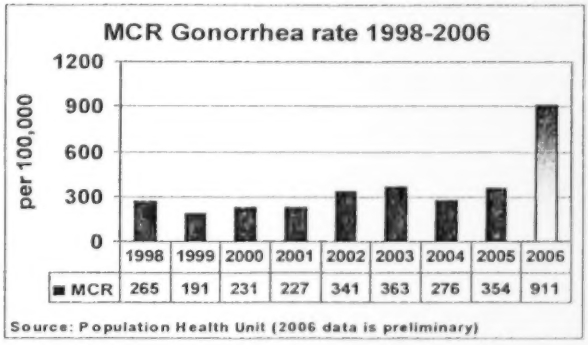
Emerging Health Issues

Tuberculosis: In 2006 the North had a decrease in its TB rate from 208.5 cases in 2005 to 180.8 cases in 2006. This remains 19.0 times higher than the provincial rate. Of the 61 northern cases of new active and relapsed TB cases, 14 were residents in MCR with 50% of these cases occurring off-reserve. The 2006 rate in MCR of 64.4 cases per 100,000 population also remains considerably higher than the 2006 provincial rate.

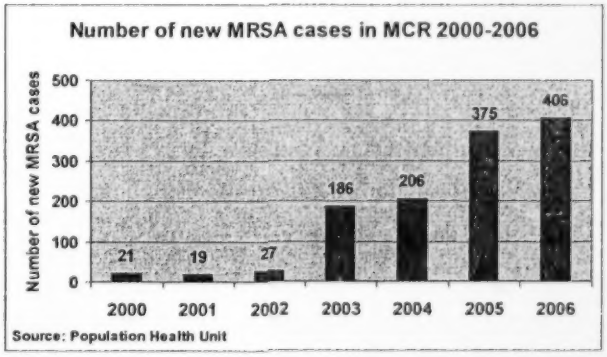


Chlamydia and Gonorrhea: The rate of chlamydia in MCR appears to have risen in 2006 to its highest level, 2360 cases per 100, 000, since 1998. Compared to 2005, MCR had 1.6 times the total number of cases of chlamydia in 2006 (513 in 2006 compared to 324 in 2005). The rate of gonorrhea in MCR appears to have risen 2.6 times from 354 cases per 100,000 population in 2005, to 911 cases in 2006. The total number of gonorrhea cases in MCR increased from 77 in 2005 to 198 in 2006. Some of this increase may reflect increases seen in other parts of Saskatchewan and Canada.





MRSA: Methicillin-resistant Staphylococcus aureus (MRSA), a Staphylococcus bacterium resistant to common antibiotics including methicillin, has been known to occur in hospital settings. More recently, it has been shown to occur in the community setting, and is known as community-acquired MRSA. In the north, the community-acquired MRSA predominates and has been on the rise in MCR since 2000. The number of new MRSA reached its highest total in 2006 with 406 new cases. MRSA can result in a variety of skin and soft-tissue infections ranging from boils to severe bone or muscle infections and can also result in severe pneumonias. Increased attention to community-based hygiene conditions and education as well as infection control strategies are required.



2006-2007 Results at a Glance

- Wave 2 of the Health Quality Council Chronic Disease Management Collaborative was introduced in the community of Pinehouse.

- Four thousand copies of the Mamawetan Churchill River Health Region Directory of Services were distributed.

- Mamawetan Churchill River Health Region enhanced the no smoking policy to include no smoking on any health region property and closure of the smoking room in Nikinan, the long term care facility at La Ronge Health Centre. This has resulted in a healthier environment for staff and residents.

- Mamawetan Churchill River Health Region staff participated in the Northern Healthy Communities Partnership. Four areas were targeted for health promotion work – Active Communities; Healthy Eating; Mental Wellbeing and Prevention of Substance Abuse.

- The number of full-time equivalent positions (FTEs) in the region for 2006-2007 was 184.73. This is up from the previous year's number of 178.6.

- Since the implementation of the Aboriginal Employee Development Program in 1999, there have been 145 Aboriginal employees hired. To date, 119 of MCR's current staff (41.46 5%) have also received Aboriginal Awareness Training, which assists the region in providing a workplace environment reflecting mutual respect and dignity.

- The Mamawetan Churchill River Regional Health Authority established a regional Ethics Team.

- A physician has been contracted to fill the Senior Medical Officer position.

- Board approved Practitioner Staff Bylaws were submitted to the Minister of Health. These bylaws govern the granting of physician privileges in the region and establish committees for physician consultation and input into programs within the region.

- Mamawetan Churchill River Health Region continued to participate in and function as the accountable partner for the Northern Health Strategy. The Shared Paths project of the Northern Health Strategy was completed during this fiscal year.

- 2006-07 was a successful year financially for the Region as it posted an operating surplus of $368,979 (1.95%) on expenditures of $18,944,944, while maintaining a high level of quality care to its clients.

2006-2007 Performance Results

During 2006-07, MCRRHA experienced significant change at the executive and senior leadership levels. Strategic planning was a work in progress during this year of change. Performance measures and targets were not established within the goals of the strategic plan. Therefore, performance results identified here are not always clearly linked to indicators and performance measures.

Goal 1: Improved access to quality health services

- Renovation of the outpatient department at the La Ronge Health Centre was completed. This structural change improved patient flow and confidentiality.
- Assisted with the coordination of and participated in focus groups to discuss "Improving Access to Health Services". This is a research project conducted by the Saskatchewan Population Health and Evaluation Research Unit. Results of the project are pending.
- Physiotherapy services were stabilized at the La Ronge Health Centre through employment of a physiotherapy assistant with itinerant support through physiotherapy services at Prince Albert Parkland Health Region.
- Wave 2 of the Health Quality Council Chronic Disease Management Collaborative was introduced in the community of Pinehouse.
- The Health Quality Council's Patient-Centered Discharge Modified Collaborative was initiated in the health region.
- There were 20 client contacts received under the umbrella of client care coordination with the Director of Quality Improvement and Risk Management.
- Four thousand copies of the Mamawetan Churchill River Health Region Directory of Services were distributed.
- Three Addictions Counsellors were certified in problem gambling counselling.
- The region worked with other human service agencies in La Ronge on a project proposal under the Project Hope Community Supports funding for outreach services and transitional housing for people with addictions issues in La Ronge and Air Ronge.

Goal 2: Effective health promotion and disease prevention

- Mamawetan Churchill River Health Region staff participated in the Northern Healthy Communities Partnership. Four areas were targeted for health promotion work – Active Communities; Healthy Eating; Mental Wellbeing and Prevention of Substance Abuse. Some successes of this initiative include:
    - Drop the Pop campaign
    - Introduction of a school nutrition policy to 27.3 % of the schools within the Mamawetan Churchill River Health Region
    - Planning for a Literacy Project through the Mental Wellbeing team
    - Support of the Northern Physical Activity Week
- The percentage of licensed or regulated facilities such as food eating establishments, lodging and public water supplies that were inspected increased substantially in the North.

- Mamawetan Churchill River Health Region continued to participate in the Northern Antimicrobial Resistance Partnership. This project is looking at the rates of community acquired MRSA and the implementation of measures such as good hygiene practices to limit the progression of this population health issue.
- Mamawetan Churchill River Health Region enhanced the no smoking policy to include no smoking on any health region property, and closure of the smoking room in Nikinan, the long term care facility at La Ronge Health Centre. This has resulted in a healthier environment for staff and residents.
- The percentage of eligible Mamawetan Churchill River Health Region residents receiving recommended immunization increased 4.6% for diphtheria and 5.7% for measles.

Goal 3: Retain, recruit and train health providers

- The number of full-time equivalent positions (FTEs) in the region for 2006-2007 was 184.73. This is up from the previous year's number of 178.6. The distribution of these FTEs for 2006-2007, by affiliation, is as follows:

  Saskatchewan Government Employees Union 102.76
  Health Sciences Association of Saskatchewan 32.51
  Out of Scope 21.51
  Saskatchewan Union of Nurses 27.95

- Sick leave hours have increased this year for SGEU and SUN employees. The shortage of registered nurses at the La Ronge Health Centre and the inability of OOS managers to deal with attendance management in a timely manner have contributed to these increases. The number of lost-time WCB claims and lost-time hours has decreased and both are much lower than the provincial average. This is due to the ongoing provision of mandated Occupational Health & Safety training.

		RHA Value	Provincial Value	2005-2006
Number of sick leave hours per full time equivalent (FTE) by affiliation *2006/2007*	Provider Union (SGEU)	84.03	89.78	79.59
	HSAS	61.46	65.62	65.41
	OOS	48.20	47.34	49.79
	SUN	95.24	89.34	53.66
	Organization as a whole	77.58	84.12	69.24

Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2006/2007*	2.71	7.67	4.48
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2006/2007*	38.43	468.45	358.90

- On the whole, overtime and other premiums are comparable to the provincial average, but there are some variances, depending on affiliation. The overtime hours for SUN are high mainly due to the registered nurse vacancies that exist in acute care at the La Ronge Health Centre.

		RHA Value	Provincial Value	2005-2006
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006/2007*	Provider Union (SGEU)	39.67	36.85	41.68
	HSAS	0.25	25.44	0.35
	OOS	0.00	3.46	0.00
	SUN	152.59	81.54	87.92
	Organization as a whole	45.20	42.47	37.40

- Since the implementation of the Aboriginal Employee Development Program in 1999, there have been 145 Aboriginal employees hired. To date, 119 of MCR's current staff (41.46 5%) have also received Aboriginal Awareness Training, which assists the region in providing a workplace environment reflecting mutual respect and dignity.

- The region takes advantage of programs to hire students during the summer months to give them work experience, and increase the likelihood that they will choose to work in the region on a full-time basis.

- Managers and Supervisors attended the three modules of the SAHO Management Competencies program, presented in La Ronge. Three managers successfully completed all the requirements of the program and received a certificate.

- Two senior managers completed the Saskatchewan Institute of Health Leadership certificate program.

- The Employee Opinion Survey was reviewed and an action plan was developed to address issues. Implementation of the action plan will be ongoing.

- The one day Staff Orientation program has been revised to meet the changing requirements of the general orientation to the region.

Goal 4: A sustainable, efficient, accountable and quality health system

- The Mamawetan Churchill River Regional Health Authority established a regional Ethics Team.
- The Procura system for scheduling and billing in Home Care was expanded.
- A Pharmaceutical Information System was implemented at La Ronge Health Centre.
- A physician has been contracted to fill the Senior Medical Officer position.
- Board approved Practitioner Staff Bylaws were submitted to the Minister of Health. These bylaws govern the granting of physician privileges in the region and establish committees for physician consultation and input into programs within the region.
- The last accreditation survey that the region underwent was in June 2005. The status was Accreditation with report. Those reports due in July 2006 and September 2007 were completed.
- The Health Region assisted with the evacuation of residents in the region related to forest fires. During the forest fire activity, the region also implemented its emergency response plan ensuring communication to staff, monitoring and prioritizing regional activities during evacuations and preparing home care clients for potential evacuation.
- Addiction services in Sandy Bay are now provided directly by the health region with the dissolution of the Sandy Bay Outpatient Centre Board.
- A contract for Pharmacy Services was awarded. This supports the work of the primary care nurses in Pinehouse and Sandy Bay.
- Mamawetan Churchill River Health Region continued to participate in and function as the accountable partner for the Northern Health Strategy. The Shared Paths project of the Northern Health Strategy was completed during this fiscal year. The Northern Health Strategy working group continues to work on implementation of recommendations coming out of the Shared Paths project including but not limited to:
    - Establishing a Northern Chronic Care Coalition
    - Continuing to work on implementation of an Oral Health Strategy which would improve access of northerners to dental services
    - Human Resources initiatives including examination of a multi-party training plan for health careers.

Financial Summary

- 2006-07 was a successful year financially for the Region as it posted an operating surplus of $368,979 (1.95%) on expenditures of $18,944,944, while maintaining a high level of quality care to its clients. The Region did not utilize the $500,000 line of credit authorized under the *Regional Health Services Act*.

- This marked the third consecutive year that the Region has recorded an operating surplus. As a result of the previous years' surpluses, the Region has a year ending Fund balance of $87,651. Our ability to run an operating surplus assists us to sustain our capacity to maintain programs over the long term.

- Two financial indicators demonstrate the Region's ability to meet commitments and financial obligations:

1. The "Working Capital Ratio" is 1.15 (i.e. the Region had 1.15 times more current assets than current liabilities). This means that current assets exceed current liabilities which allow us to pay salaries and other expenses on time and without using our line of credit; and
2. The "Number of days able to operate with working capital" is 1.72 days. This measures the number of days the Region can continue to operate without additional revenue.

- Revenue from Saskatchewan Health was less than budget by 3.12 % ($504,435) due to the deferral of funds relating to specific programs (i.e. Primary Health Care, Uranium Monitoring, Environmental Health). Those deferred funds will be used for 2007-08 programming.

- Several of the region's programs were over budget. Salaries and overtime, due to lack of relief staff in the Region, explain the majority of variance in expenditures. Staff was brought in from other locations in the province to fill demands for scheduled shifts, holidays and sick time.

- Other significant variances to note are medical and surgical supplies and drugs used in Acute Care and Primary Health Care Centers. Medical and surgical supplies were over budget by $82,385 (64%) primarily due to increased costs of needles, syringes, medical instruments etc. We have instituted minimum and maximum amounts of medical supply orders and also consistent ordering through SAHO negotiated preferred pricing as a control to diminish over expenditures in medical and surgical supplies.

- Drugs were under budget by $63,706 (25.6%), of which $51,346 was attributed to Pinehouse and Sandy Bay Health Centers. Primary reasons are lower than expected usage and controlling the dispensing of over-the-counter drugs.

Future Outlook / Emerging Issues

The Mamawetan Churchill River Health Region faces many challenges and opportunities as it continues to mature as an organization and strives to implement the strategic directions developed by the governing Board.

Strategic Direction #1 -To Improve Access to Health Services

Mamawetan Churchill River Health Region continues to have a young and growing population. The greatest growth in numbers was in the 10-14 and 40-60 year age groups. The greatest rate of increase is in the over 65 age group.

The population trends mean that Mamawetan Churchill River Health Region must continue to develop and make accessible services for children and youth and services for an aging population.

The region can expect increased pressure on services for chronic disease conditions and home care services.

Leading causes of death in the Mamawetan Churchill River Health region for the years 1996-2005 were injuries (unintentional and suicide), circulatory disease such as heart attacks, and cancers. Unintentional injuries and suicides are higher in the younger age groups.

Services for children and youth such as access to mental health services specifically developed for this age group will increase in demand. Sexual wellness programs and healthy lifestyle programs must be available to children and youth.

In order to respond to these pressures, the region needs to continue to develop partnerships with other health agencies such as the Lac La Ronge Indian Band Health Services and Peter Ballantyne Cree Nation to maximize resources enabling programming to be developed for children and youth and an aging population.

The region must also look at opportunities to participate in further development of telehealth. A commitment to telehealth development will enable enhanced access to therapeutic services such as physiotherapy, occupational therapy as well as specialist services such as child psychiatry.

Based on population growth, it can be expected that demand for home care including home care nursing will increase. In order to respond to this, the region must ensure adequate resources are available to support ongoing development of existing programs. It is expected that home care client needs will become more complex requiring access to home nursing service.

A growing population will put added strain on all services within the region. It will be essential that funding is provided that recognizes the growing population that is accessing service.

Strategic Direction #2 - Supporting Health Promotion and Disease Prevention

Mamawetan Churchill River Health Region remains committed to working toward a balance between providing treatment services and providing sufficient resources to support the upstream activity required to adequately provide comprehensive health promotion and disease prevention services.

The health region will continue to work with partners such as the Northern Healthy Communities Partnership, the Northern Health Strategy and the Co-managed Population Health Unit in developing and implementing health promotion and disease prevention services.

Infectious diseases such as tuberculosis, chlamydia and gonorrhea and community acquired MRSA continue to be significant health issues within the region. The region must focus its efforts on public health education related to health practices to diminish and prevent these diseases. The region must also advocate with other agencies such as Sask Housing and municipalities to examine healthy public policy related to broad determinants of health including access to affordable housing.

Mamawetan Churchill River Health Region, together with its partners in the Co-managed Partnership supporting the Population Health Unit, has determined the need for dedicated resources for an Infection Control Nurse to serve all three northern health authorities. In 2007-08, deferred funding will be used to support this position. In subsequent years, reallocation of resources will be required to ensure this essential service remains available to support safe patient care and employee safety within the regions.

The recent Public Health Review commissioned by Saskatchewan Health identified several weak areas in providing public health services within the province.

Mamawetan Churchill River Health Region has seen a slight improvement in the percentage of eligible residents being immunized per provincial immunizing guidelines. The region must continue to focus on raising these numbers to at least the average immunization rate for the province. This will require finding creative ways to bring services to communities when resident public health nurses are not available. The region will work with Saskatchewan Health, the Population Health Unit and the northern health authorities that are part of the co-managed partnership to identify funding sources to expand public health services.

The region continues to plan for a pandemic. Creative and effective ways must be found to increase the numbers of staff and public presenting for influenza immunization.

Leading causes of death such as circulatory diseases and cancers are related to lifestyle issues such as inactivity, eating habits and tobacco use. The region will continue to ensure its health promotion programming is aligned with the four priority areas of the Northern Healthy Communities Partnership – Active Communities; Healthy Eating; Mental Well being and Prevention of Substance Abuse in order to maximize efforts in delivering programs to communities within the region.

Strategic Direction #3 - Recruiting, Retaining and Training Employees

One of the greatest risks for the health region is the issue of recruiting and retaining staff. Succession planning, career pathing and continued development of a representative workforce are priorities for the region. The recruitment of registered nurses to work at the La Ronge Health Centre remains a challenge. The health region is in the process of recruiting foreign nurses to fill vacant positions. It is expected recruitment of health professionals off shore will continue to be a recruitment strategy for the region for the next few years.

The region will continue its commitment to work with the members of the Northern Health Strategy and educational institutions as they examine the potential for a multi-party training plan for delivery of health career education in the north. Such an initiative makes ultimate good sense. The growing population between the ages of 20 and 65 must have opportunities for meaningful work. The region has recruitment issues that can be addressed in the long term through training of northerners for health careers. A multi-party training plan will only be possible if funding agencies are prepared to support proposed initiatives.

The health region is committed to quality. This includes a quality, respectful workplace. The region will identify ways to bring meaningful training to the north so more staff can access educational opportunities. This may include web based learning; dedicated time for staff to spend on continuing education, etc.

The region will identify and apply to funding opportunities such as the Retention Fund available through Saskatchewan Health in order to access funding support for initiatives that support staff and support ongoing development of a quality respectful workplace.

The region has identified the need for an employee safety coordinator. Reallocation of resources in 2007-08 will enable the recruitment of an Employee and Patient Safety Coordinator. A portion of the time of this position will be dedicated to delivering mandatory Occupational Health and Safety programs. The position will also work on the maintenance of a positive culture of safety within the organization.

Strategic Direction #4 - Organizational Development and Effectiveness

Mamawetan Churchill River Health Region will work to find effective ways of consulting with staff and communities to strengthen relationships and to ensure programs are responsive to community needs and the strategic plan of the organization is meaningful and action oriented.

Quality and patient safety will continue to be priorities of the health region. The region will recruit an Employee and Patient Safety Coordinator in 2007-08 to bring increased focus to these areas. Such a position will strengthen the culture of safety in the organization. The position will also dedicate time to ensuring the region's Emergency Preparedness Plans are current and ready to be implemented. As well, a Root Cause Analysis workshop will be brought to the region so that staff and some board members will become familiar with this process that will be useful for understanding the roots of problems, enabling resolution.

Residents of the region will benefit from the ability of the region to respond to opportunities through the Health Quality Council and through national initiatives such as Safer Health Care Now! The region must find ways to balance workloads so there are staff available to participate in initiatives such as discharge planning and safe medication administration.

The region is at risk should phone systems or information technology systems fail. Business Continuity plans will be completed and made familiar to staff.

E-health, the advent of electronic records, will become a business tool for the health system. The region will prepare itself for this through examination of its information technology capacity and leadership readiness to develop a business case for implementation of e-health.

The region will continue to work with the Population Health Unit to strengthen the region staff's ability to understand and use available data to influence decisions on programs and priorities.

The region will continue to meet deadlines for reporting to Saskatchewan Health. Balanced budgets remain a priority for the region. In achieving a balanced budget the region is operating very close to the line. Any unforeseen circumstance such as a disease outbreak, high overtime hours and so on will push the region into a deficit position. The region will continue to work closely with Saskatchewan Health to identify pressures related to the delivery of quality health services to the growing population within the Mamawetan Churchill River Health region.

Governance and Transparency

Roles and Responsibilities of Mamawetan Churchill River Regional Health Authority:

The roles and responsibilities of the Authority are as defined in the Accountability Document which discusses the expectations in relation to the following key areas:

- Strategic Planning
- Fiscal management and reporting
- Relationships
- Quality management
- Monitoring, evaluation and reporting
- Management and performance.

The RHA membership is reflective of the communities we serve and generally meets publicly 10 times per year in communities throughout the region utilizing a consensus model of decision making. At each meeting, RHA members are expected to report on their community's activities, events and issues. In addition to the Committee of the Whole, as described under the Act, the RHA has four standing committees, as follows:

- Continuous Quality Improvement;
- Joint Conference;
- Human Resource Committee;
- Ethics Team.

The entire Board acts as the Audit Committee.

There were RHA members on the Working Group of the Northern Health Strategy. In 2006-07 the Northern Health strategy partners established the Northern Health Leadership Working Group. This group was established as a result of the examination of cross-jurisdictional decision making through the Shared Paths Project of the Northern Health Strategy. Each partner of the NHS may have two board members attend these meetings that will take place at least twice per year. The Chair and Vice-Chair are members of the Northern Health Authorities Co-management Partnership Committee.

In 2005-2006, the RHA met seven times in La Ronge, once in Creighton, and once in Wollaston Lake. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings.

As part of its ongoing commitment to board development, the RHA members also attended the SAHO Annual Conference and governance educational sessions. In addition, two members attended the annual conference of the Canadian Public Health Association.

BOARD MEMBERS

Al Rivard, Chairperson - La Ronge
(306) 425-3961

Mary Denechezhe, Vice-Chairperson - Wollaston Lake
(306) 633-4849

William Dumais - Southend
(306) 758- 2192

Charlene Logan - Flin Flon / Creighton / Denare Beach
(306) 688-7437

Louise Wiens- La Ronge
(306) 425-2119

Tammy Cook-Searson - La Ronge
(306) 425-5000

Peter Bear - Sandy Bay
(306) 754-4445

Ida Ratt-Natomagan - Pinehouse
(306) 425-4860

Ron Woytowich - La Ronge
(306) 425-2568

Al Loke - La Ronge
(306) 425-5505

Larry Beatty - Deschambault Lake
(306) 632-2106

Josie Searson - La Ronge
(306) 425-2832

Community Advisory Networks:

Community Advisory Networks are to consist of volunteers who assist the Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The region has established two committees – one committee in Creighton/Denare Beach/ Flin Flon, SK and one in Pinehouse. Both committees were relatively quiet this fiscal year, related to the change in leadership within the region.

Mamawetan Churchill River Regional Health Authority Payee Disclosure List for the Year Ended March 31, 2007

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more:

Ahenakew, Wendy	$71,919	Kowalczyk, Kenneth	$86,234
Aubichon, Verna	59,641	Kuffner, Wayne	70,494
Bakos, Michelle	102,357	Lee, Connie	84,339
Ballentyne, Alison	57,757	Legebokoff, Denise	70,184
Bartok, Deanna	70,987	Lints, Audrey	55,713
Batke, Coreena	56,817	Mabee, Guy	50,828
Beaudin, Donovan	79,089	Mackay, Michelle	63,285
Biliske, Barb	98,901	Mayotte, Amanda	71,457
Bratberg, Larene	77,266	McPhail, Wendy	59,851
Brown, Heather	58,813	Mehl, Paulette	67,834
Caisse, Don	56,499	Mikolayenko, Linda	55,369
Canning, Ellis	84,772	Mishak Beckman, Brenda	88,504
Carolus, Andrew	85,223	Molnar, Pam	71,341
Chisholm, Kathy	107,068	Molnar, Kevin	51,900
Christiansen, Allison	59,727	Myslicki, Crystal	88,643
Clark, Colleen	54,763	Nefedow, Valerian	56,926
Croissant, Helen	58,065	O'Brien, Katie	57,360
Daigneault, Jennifer	64,860	Ohrn, Harry	51,296
Davio, Emily	119,517	Penney, Cindy	85,259
DesRoches, Wendy	57,990	Radloff, Jennifer	66,517
Erikson, Irene	66,639	Ratt, Caroline	61,671
Ermine, Debbie	61,587	Ray, Joanne	60,071
Fikoloma, Ruth	74,088	Ricklefs, Shala	67,988
Fry, Michael	118,633	Ross, Loretta	62,535
Galloway, Pat	98,184	Sampson, David	71,961
Giles, Barry	66,107	Schommer, Kimberley	50,503
Graham, Bryce	93,717	Senft, Laurie	59,412
Gray, Janet	66,481	Skalicky, Curtis	74,256
Greuel, Cindy	66,450	Smith, Phyllis	64,697
Grimard, JoAnne	53,149	Stockdale, Donna	91,346
Haberman, Cory	84,094	Storozuk, Karen	64,461
Halland, Susan	88,215	Swann, Sharyn	78,740
Hallberg, Dianne	52,936	Taggart, Debbie	64,699
Haydukewich, Karien	70,647	Taylor, James	85,283
Hesse, Bernhard	83,548	Trites, Pamela	70,229
Hewison, Morley	62,959	Vandergucht, Francine	71,901
Hilderman, Deb	57,110	Waters, Ellen	99,364
Hill, Russell	77,591	Watt, Dorla	122,981
Hintz, Crystal	56,807	Wolkosky, Patricia	105,150
Hornung, Sherry	57,658	Wolkosky, Charmaine	53,686
Keeping, Ruth	61,474	Zarazun, Laurie	70,591
Keith, Heather	59,905		

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment:

Absolute Identity Security and Investment	$ 166,075
Athabasca Health Authority	61,890
Creighton Alcohol and Drug Abuse Council Inc.	142,407
Dr. Brian Vickers	193,560
Federated Co-operatives Limited	189,512
Great West Life	66,194
J.A.Steyn Medical Professional Corporation	434,569
Kaministikochiwak Development Corporation	91,107
Lac La Ronge Indian Band	84,000
La Ronge Emergency Medical Services	571,135
Nightingale Nursing Group	135,680
North Sask Laundry & Support Services	179,418
Northern Inter-Tribal Health Authority	216,970
Ortho - Clinical Diagnostics	62,030
Public Employees Superannuation Plan	151,724
Pharmasave #400	130,920
Prince Albert Parkland Health Authority	60,426
Revenue Canada	3,424,406
Robert Ralph	60,121
Saskatchewan Association Health Organizations	558,084
Saskatchewan Government Insurance	68,278
Saskatchewan Healthcare Employee's Pension Plan	962,694
Saskatchewan Power	151,724
Saskatchewan Property Management	414,954
Saskatchewan Telecommunications	196,418
Schaan Health Care Products	70,812
Saskatchewan Government Employees Union	54,651
Sysco Food Services of Regina	146,420
Transwest Air	123,937
Workers Compensation Board	199,460

Performance Management Summary (Indicator Tables)

In support of *The Action Plan for Saskatchewan Health Care,* Saskatchewan Health developed an *accountability framework* that defines and clarifies the performance relationship between regional health authorities (RHAs) and the province. The Accountability Documents articulate the department's expectations (both high-level organizational, and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2007*		June 2005	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2007*		Fall 2007	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2005/2006*		12	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2005/2006*		75%	86%	66% – 99%	*to be determined*
Workforce Planning					
The number of positions sitting vacant for periods longer than six months *[indicator to be developed]*		———	———	———	———
Distribution of health system full time equivalents (FTEs) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	102.76	*not applicable*	*not applicable*	*not applicable*
	HSAS	32.51			
	OOS/OTHER[1]	21.51			
	SUN	27.95			
	RWDSU[2]	*not applicable*			
	Organization as a whole	184.73			

Indicator		RHA Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	39.67	36.85	16.36 – 91.10	*to be determined*[3]
	HSAS	0.25	25.44	0.25 – 117.97	*to be determined*[3]
	OOS/OTHER[1]	0.00	3.46	0.00 – 16.92	*to be determined*[3]
	SUN	152.59	81.54	27.14 – 368.66	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	45.20	42.47	17.19 – 131.56	*to be determined*[3]
Worked hours as a percentage of total hours by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	77.9%	78.3%	73.1% – 80.7%	*to be determined*[3]
	HSAS	83.2%	80.8%	75.0% – 83.9%	*to be determined*[3]
	OOS/OTHER[1]	76.4%	82.5%	76.4% – 84.5%	*to be determined*[3]
	SUN	72.8%	74.7%	63.7% – 77.9%	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	77.9%	78.1%	72.5% – 80.7%	*to be determined*[3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	84.03	89.78	71.62 – 107.61	*to be determined*[3]
	HSAS	61.46	65.62	44.65 – 92.53	*to be determined*[3]
	OOS/OTHER[1]	48.20	47.34	27.68 – 61.46	*to be determined*[3]
	SUN	95.24	89.34	63.83 – 96.84	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	77.58	84.12	64.15 – 93.63	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2006/2007*		2.71	7.67	0.53 – 10.00	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2006/2007*		38.43	468.45	38.43 – 766.40	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		35.9	*not available*	*not applicable*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Number of clinical placements offered and taken within the region / SCA *[indicator to be developed]*		———	———	———	———
Financial					
Surplus (deficit) *2006/2007*		$368,979	*not applicable*	$90,050 – $7,861,926[29]	$0
Surplus (deficit) as a percentage of actual operating expenditures *2006/2007*		2.0%	*not applicable*	0.1% – 9.0%[29]	0.0% – 0.5%
Working capital ratio (current ratio) *2006/2007*		1.15	*not applicable*	0.23 – 1.81[29]	*to be determined*
Number of days able to operate with working capital *2006/2007*		1.72	*not applicable*	(61.97) – 28.71[29]	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2006/2007* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Capital					
Annual equipment maintenance costs as a percentage of annual equipment replacement costs *[indicator to be developed]*		———	———	———	———
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2006/2007*		*not applicable*	102.4%	101.2% – 103.3%	100%
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2006/2007*		*not applicable*	90.6%	85.9% – 93.1%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services[5] *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2006/2007*		*not applicable*	98.0%	93.5% – 111.0%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2006/2007*		*not applicable*	107.3%	73.5% – 125.6%	100%

Indicator		RHA Value	Provincial Value	Range	Target
Number of actual hours of operation for computed tomography (CT) services[6] *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services[5] *2006/2007*		*not applicable*	90.5%	78.4% – 101.7%	100%
Number of actual hours of operation for bone mineral densitometry (BMD) services[5] *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patient years of dialysis provided in the current fiscal year[7] *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels[8] *As at December 31, 2006*	Number of chronic renal insufficiency patients	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients	*not applicable*			
	Number of home unit chronic hemodialysis patients	*not applicable*			
	Number of north/south chronic hemodialysis patients	*not applicable*			
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10,11] 2005/2006	Stroke	not applicable	not applicable	not applicable	to be determined
	Brain Dysfunction	not applicable			
	Spinal Cord Dysfunction	not applicable			
	Orthopaedic Conditions	not applicable			
	Neurological Conditions	not applicable			
	Amputation of Limb	not applicable			
	Major Multiple Trauma	not applicable			
	Medically Complex	not applicable			
	Debility	not applicable			
	Cardiac	not applicable			
	Pulmonary	not applicable			
	Arthritis	not applicable			
	Pain Syndrome	not applicable			
	Other	not applicable			
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[12] 2005/2006	Child / Youth	not applicable	not applicable	not applicable	to be determined
	Adult	not applicable			
Acute Care					
Percentage of surgical cases performed as day surgery[13] 2006/2007		not applicable	56.3%	39.1% – 74.8%	not applicable
Number and percentage of surgical cases on wait list that have already waited over 12 months[13] 2006/2007	Number	not applicable	not applicable	not applicable	not applicable
	Percentage	not applicable	19.9%	0.0% – 23.8%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[13] 2006/2007	Number	not applicable	not applicable	not applicable	not applicable
	Percentage	not applicable	9.5%	0.0% – 12.0%	0%

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[13] *2006/2007*	Priority Level I within 3 weeks	*not applicable*	57.3%	43.7% – 97.4%	95%
	Priority Level II within 6 weeks	*not applicable*	43.8%	0.0% – 96.6%	90%
	Priority Level III within 3 months	*not applicable*	63.9%	43.3% – 100.0%	90%
	Priority Level IV within 12 months	*not applicable*	88.0%	79.3% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[13] *2006/2007*	Percentage of target	*not applicable*	98.3%	85.2% – 122.4%	100%
	Variance from target	*not applicable*	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Average wait time between approval for placement and placement for institutional supportive care services *[indicator to be developed]*		———	———	———	———
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[14] *as at the end of Q2 2006/2007*		*data suppressed*	21.94%	16.47% – 28.28%	*to be determined*
Case mix index for institutional supportive care facilities[14] *as at the end of Q2 2006/2007*		*not applicable*	0.771	0.725 – 0.800	*to be determined*
Home-Based Supportive Care					
Case mix index for supportive home care services *[indicator to be developed]*		———	———	———	———
Average wait time between referral and assessment for supportive home care services *[indicator to be developed]*		———	———	———	———
Average wait time between assessment and commencement of supportive home care services *[indicator to be developed]*		———	———	———	———
Population Health Services					
Percentage of off reserve schools that are implementing health food nutrition policies *as of September 1, 2006*		23.7%	*not applicable*	0.0% – 27.3%	60% of schools by September 2011
Exclusive breastfeeding rates[15] *2005*		17.54*	21.28%	13.64% – 40.11%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[16] *July 1, 2005 to June 30, 2006*	Diphtheria	68.4%	73.5%	50.0% – 87.2%	*to be determined*
	Measles	69.5%	72.5%	67.9% – 86.1%	
Influenza immunization rate per 100 population (age 65 years and over) *2005/2006*		46%	66%	46% – 77%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2005/2006 and 2006/2007*	FEE – Food Eating Establishment	52% 75%	*not applicable*	45% – 100% 71% – 100%	80% – 100%
	FPL – Food Processing (Licensed)	20% 67%	*not applicable*	20% – 100% 67% – 100%	
	LA – Licensed Accommodations	31% 76%	*not applicable*	31% – 100% 52% – 100%	
	SP – Swimming Pools	62% 45%	*not applicable*	43% – 100% 45% – 100%	
	Public Water Supplies	31% 72%	*not applicable*	20% – 100% 18% – 100%	
Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established time frames *[indicator to be developed further]*		———	———	———	———
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *[data is currently not available due to system implementation issues]*		———	———	———	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*	Males	41.75%*	25.13%	19.95% – 41.75%	*to be determined*
	Females	32.31%*	23.30%	16.36% – 32.31%	
Community Care Services					
Average wait time between initial contact and first face-to-face contact for outpatient child and youth mental health services *[indicator to be developed]*		———	———	———	———
Average wait time between initial contact and first face-to-face contact for outpatient adult community mental health services *[indicator to be developed]*		———	———	———	———

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time between initial contact and first face-to-face contact for outpatient psychiatric rehabilitation mental health services *[indicator to be developed]*		———	———	———	———
Alcohol and drug outpatient treatment completion rate per 100 admissions *2005/2006*		43.7%	59.7%	41.8% – 72.2%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services *[data not available]*[17]		———	———	———	———
Problem gambling treatment completion rates per 100 admissions *[indicator to be developed]*		———	———	———	———
Home-Based Acute and Palliative Care					
Average wait time between referral and assessment for acute and palliative home care services *[indicator to be developed]*		———	———	———	———
Average wait time between assessment and commencement of home-based acute and palliative care *[indicator to be developed]*		———	———	———	———
Percentage of palliative home care clients with unresolved pain *[indicator to be developed]*		———	———	———	———
Percentage of palliative home care clients who choose to die at home and receive services in support of that option *[indicator to be developed]*		———	———	———	———
Percentage of patients discharged from acute care to home care with post-acute discharge plan in place on discharge *[indicator to be developed]*		———	———	———	———
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2007*		100%	19.98%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2006/2007*	Q1	4986	*not applicable*	*not applicable*	*not applicable*
	Q2	4362			
	Q3	4798			
	Q4	4450			

Indicator		RHA Value	Provincial Value	Range	Target
Number of Healthline calls for the RHA *2006/2007*	Q1	447	*not applicable*	*not applicable*	*not applicable*
	Q2	468			
	Q3	480			
	Q4	569			
	Year as a whole	1964			
Total number of new primary health care teams developed in the current year *2006/2007*		0	*not applicable*	*not applicable*	*not applicable*
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2005/2006*		0.00%	0.73%	0.00% – 17.97%	*to be determined*
Mental Health and Addiction Services					
Average length of stay of mental health inpatients[18] *2005/2006*		*not applicable*	15.4	10.1 – 19.8	*to be determined*
Mental health inpatient readmission rate per 100 mental health inpatients[18] *2005/2006*		*not applicable*	20.9%	18.4% – 25.7%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[19] *2005/2006*		72.6%	69.1%	55.9% – 72.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[20] *February and March 2007*[17]		19.1	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[21] *February and March 2007*[17]		1.0	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug stabilization services[22] *February and March 2007*[17]		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug long term residential treatment services[23] *[data not available]*[17]		———	———	———	———
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2006/2007*		9.9%	*not applicable*	3.8% – 10.5%[29]	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[24] *2002-2004*		7.4	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[24] *2002-2004*		5.1	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[24] *2002-2004*		17.7	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[25]	Circulatory Diseases	861.2*	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1126.0*	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	165.7*	222.9	63.5 – 376.5	
	Unintentional Injuries	2781.8*	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	628.5*	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[15] *1996*[25]	Males	61.8*	66.6	61.8 – 69.2	*to be determined*
	Females	63.2*	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996*[26]	Males	8.7*	11.2	8.7 – 12.1	*to be determined*
	Females	8.4*	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001*[27]	Males	72.1*	76.2	72.1 – 78.2	*to be determined*
	Females	76.1*	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001*[27]	Males	15.6*	16.9	15.6 – 18.0	*to be determined*
	Females	17.2*	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*		47.95*	52.35%	39.86% – 57.96%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*	Overweight (BMI 25.0-29.9)	33.91*	32.52%	30.53% – 36.12%	*to be determined*
	Obese (BMI 30.0+)	24.19*	20.03%	16.88% – 24.19%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*	Active / moderately active	53.35*	48.62%	38.60% – 53.35%	*to be determined*
	Inactive	44.06*	49.52%	44.06% – 58.77%	

Indicator		RHA Value	Provincial Value	Range	Target
Number of visits to a physician for a mental health reason *2005/2006*	General Practitioners	2622	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	936			
Age-sex-adjusted diabetes prevalence rate per 1,000 population[28] *2004/2005*		95.1	*not applicable*	41.8 – 95.8	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2004/2005*	Males	13.2	10.4	7.3 – 27.0	*to be determined*
	Females	12.9	6.9	4.8 – 12.9	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2004/2005*	Males	22.0	14.7	10.5 – 22.0	*to be determined*
	Females	25.0	26.6	19.9 – 38.0	

*indicates a value for the three northern regions combined, and not Mamawetan Churchill River Health Region alone.

Notes:

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

11 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

12 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

13 The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

14 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 Data collection through the Alcohol and Drug Client Information System (ADCIS) will start in April 2007. Results for alcohol and drug inpatient, detoxification, and stabilization services are based on data collected manually in February and March 2007 (Saskatoon detoxification data available for March 2007 only).

18 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

19 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

20 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.

21 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

22 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

23 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

24 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006.

25 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006.

26 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

27 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

28 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex-adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

29 Range values are based on data from final, unaudited financial statements.

Management Report

Mamawetan Churchill River Health Region
"Working together in wellness to promote, enhance and maintain quality of life."

Box 6000
La Ronge, Sk. S0J 1L0
Phone : (306) 425-2422
Fax : (306) 425-5432

May 1, 2007

MAMAWETAN CHURCHILL RIVER HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Board which acts as the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Kathy Chisholm
Chief Executive Officer

Kenneth J. Kowalczyk
Chief Financial Officer

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2007

Deloitte.

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Prince Albert, SK S6V 1E9
Canada

Tel: (306) 763-7411
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AUDITORS' REPORT

**TO THE BOARD OF DIRECTORS OF THE
MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY**

We have audited the statement of financial position of the Mamawetan Churchill River Regional Health Authority as at March 31, 2007 and the statements of operations and changes in fund balances and of cash flows for the year then ended. These financial statements are the responsibility of management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

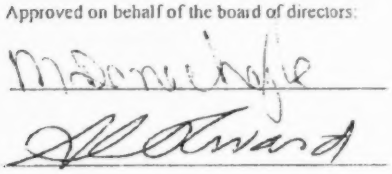
May 1, 2007

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2007

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2007	Total 2006 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 2,031,074	$ 434,854	$ 19,982	$ 2,485,910	$ 1,559,292
Accounts receivable					
Saskatchewan Health - General Revenue Fund	198,075	-	-	198,075	506,589
Other	547,591	22,004	-	569,595	1,443,839
Inventory	207,529	-	-	207,529	226,752
Prepaid expenses	88,067	-	-	88,067	71,959
	3,072,336	456,858	19,982	3,549,176	3,808,431
Capital assets (Note 3)	-	10,262,860	-	10,262,860	10,523,629
Total Assets	$ 3,072,336	$ 10,719,718	$ 19,982	$ 13,812,036	$ 14,332,060
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 649,742	$ 107,559	$ -	$ 757,301	$ 944,399
Accrued salaries	369,252	-	-	369,252	737,931
Vacation payable	678,644	-	-	678,644	602,374
Deferred revenue (Note 5)	1,287,047	6,000	-	1,293,047	1,525,751
	2,984,685	113,559	-	3,098,244	3,810,455
Long Term Liabilites					
Long term leases payable	-	-	-	-	-
Total Liabilities	2,984,685	113,559	-	3,098,244	3,810,455
Fund Balances					
Invested in capital assets	-	10,262,860	-	10,262,860	$ 10,523,629
Externally restricted (Schedule 3)	-	246,401	19,982	266,382	229,159
Internally restricted (Schedule 4)	-	96,898	-	96,898	50,145
Unrestricted	87,651	-	-	87,651	(281,328)
Fund balances – (Statement 2)	87,651	10,606,159	19,982	10,713,792	10,521,605
Total Liabilities & Fund Balances	$ 3,072,336	$ 10,719,718	$ 19,982	$ 13,812,036	$ 14,332,060

Approved on behalf of the board of directors:



(See accompanying notes to financial statements)

Statement 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2007

	Budget 2007	2007	2006 (Note 10)	Capital Fund 2007	Community Trust Fund 2007	Total 2007	Total 2006 (Note 10)
REVENUES							
Saskatchewan Health - General	$ 17,504,507	$ 16,959,071	$ 15,983,230	$ 261,038	$ -	$ 261,038	$ 155,000
Other Provincial	514,031	581,516	312,543	-	-	-	-
Federal Government	117,081	141,722	30,040	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	329,326	295,363	260,416	-	-	-	-
Patient Fees	308,000	338,799	316,451	-	-	-	-
Out of Province (Reciprocal)	20,000	29,672	19,862	-	-	-	-
Out of Country	4,000	2,895	3,875	-	-	-	-
Donations	-	-	-	15,773	-	15,773	75,255
Investment	25,000	79,842	49,243	13,061	-	13,061	13,079
Ancillary	130,000	117,993	129,159	-	3,689	3,689	3,538
Recoveries	220,361	398,071	192,535	-	-	-	-
Other	8,279	-	-	7,039	-	7,039	7,123
	19,180,585	18,944,944	17,297,354	296,911	3,689	300,600	253,995
EXPENSES							
Province Wide Acute Care Services	95,958	133,146	126,561	-	-	-	-
Acute Care Services	5,217,821	5,523,872	5,118,227	433,931	-	433,931	632,379
Physician Compensation - Acute	72,323	56,500	33,488	-	-	-	-
Supportive Care Services	474,258	500,300	459,771	17,987	-	17,987	22,286
Home Based Service - Supportive Care	119,951	196,501	156,012	-	628	628	1,505
Population Health Services	3,178,601	2,472,192	2,366,164	-	-	-	-
Community Care Services	2,489,417	2,225,590	1,947,834	-	-	-	-
Home Based Services - Acute & Palliative	748,774	836,254	851,458	-	-	-	-
Primary Health Care Services	3,145,347	2,894,036	2,842,740	1,635	-	1,635	-
Emergency Response Services	705,528	706,953	681,344	-	-	-	-
Addictions Services - Residential	278,633	282,260	261,973	23,409	-	23,409	29,315
Physician Compensation - Community	594,512	655,996	571,777	-	-	-	-
Program Support Services	1,715,912	1,847,006	1,553,252	-	-	-	1,800
Special Funded Programs	288,914	233,119	262,407	-	-	-	-
Ancillary	12,082	12,240	14,010	-	-	-	-
Total Expenses (Schedule 1)	19,138,031	18,575,965	17,247,018	476,962	628	477,590	687,285
Excess (deficiency) of revenues over expenses	$ 42,554	368,979	50,336	(180,051)	3,061	(176,990)	(433,289)
Fund Balances, beginning of year		(281,328)	(331,664)	10,786,210	16,921	10,803,131	11,236,367
Fund balances, end of year		$ 87,651	$ (281,328)	$ 10,606,159	$ 19,982	$ 10,626,141	$ 10,803,078

(See accompanying notes to the financial statements)

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW[1]
For the Year Ended March 31, 2007

	Operating Fund		Restricted Fund			
	2007	2006	Capital Fund	Community Trust Fund	Total 2007	Total 2006
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenues over expenses	$ 368,979	$ 50,336	$ (180,051)	$ 3,061	$ (176,990)	$ (433,289)
Net change in non-cash working capital (Note 6)	377,988	(431,045)	95,773	-	95,773	107,848
Amortization of capital assets	-	-	468,184	-	468,184	578,924
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	746,967	(380,709)	383,906	3,061	386,967	253,483
Purchase of capital assets						
Buildings/construction	-	-	(9,534)	-	(9,534)	(53,301)
Equipment	-	-	(197,781)	-	(197,781)	(207,382)
Proceeds on disposal of capital assets						
Equipment	-	-	-	-	-	-
	-	-	(207,315)	-	(207,315)	(260,683)
Net increase (decrease) in cash & short term investments during the year	746,967	(380,709)	176,591	3,061	179,652	(7,200)
Cash & short term investments, beginning of year	1,284,107	1,664,816	258,263	16,921	275,184	282,385
Cash & short term investments, end of year (Schedule 2)	$ 2,031,074	$ 1,284,107	$ 434,854	$ 19,982	$ 454,836	$ 275,185
Amounts in cash balances						
Cash & short term investments	$ 2,031,074	$ 1,284,107	$ 434,854	$ 19,982	$ 454,836	$ 275,185

[1] Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48).

(See accompanying notes to the financial statements)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Mamawetan Churchill River Regional Health Authority was created by the Act. The Mamawetan Churchill River Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of The Act.

The Mamawetan Churchill River Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the Federal, Provincial and Municipal levels of government.

2. Significant accounting policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

2. Significant accounting policies – (continued)

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

2. Significant accounting policies – (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost or market.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

3. Capital Assets

	March 31, 2007			March 31, 2006
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 407,572	$ -	$ 407,572	$ 407,572
Buildings	12,932,731	3,617,041	9,315,690	9,638,026
Equipment	2,825,358	2,285,760	539,598	478,131
	$ 16,165,661	$ 5,902,801	$ 10,262,860	$ 10,523,729

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next four years are as follows:

2008	$ 44,405
2009	34,374
2010	13,602
2011	1,318

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

3. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund				
Environmental Health Protection Coordinator	$ 168,680	$ 86,975	$ 78,000	$ 159,705
Northern Regional Intersectoral Committee	6,620	62,272	80,000	24,348
Population Health (PHU)	118,224	1,188,842	1,117,624	47,006
Primary Care Demo Site	86,282	134,813	48,531	-
Uranium Monitoring	101,751	62,173	57,540	97,118
Health Improvement Initiatives				
Capital Facility Assessment	-	-	20,000	20,000
Children Mental Health	-	50	6,564	6,514
Dental Health Education	22,531	38,031	15,500	-
Diabetes Prevention	6,232	322	-	5,910
Infant Mortality	53,026	5,706	21,300	68,621
Tobacco Control	39,054	603	-	38,451
Type 2 Diabetes/KYRHA	20,346	-	-	20,346
Vaccine Purchase	23,455	1,213	-	22,242
Aboriginal Awareness Program	6,760	8,157	1,950	553
Aboriginal Coordinator Career Development	2,793	2,528	-	265
Health Information Protection Act	9,600	392	-	9,208
Health Line Promotion	3,019	3,019	-	-
Injection Drug Use Strategy	18,229	913	-	17,316
Northern Healthy Community Partnerships	-	7,888	45,000	37,112
Northern Health Strategy	-	80,000	185,000	105,000
Occupational Health and Safety	-	6,385	26,137	19,752
Primary Health Care Centers	260,000	390,000	130,000	-
Primary Health Care RN (N/P)	22,998	122,559	121,000	21,439
Primary Health Care Team Development	103,695	-	78,600	182,295
Professional Development	15,680	21,272	26,138	20,546
Project Hope - Promotion	27,791	65,745	80,000	42,046
Project Hope - Secure Youth Detox	-	22,851	50,500	27,649
Project Hope - Youth	25,016	283,356	270,000	11,660
Provincial Diabetes Plan (Podiatry)	32,013	77,483	45,470	0
Stream 1 Funding	2,995	1,658	-	1,338
Youth Sexual Wellness	98,961	75,170	89,135	112,926
Total Sask Health	$ 1,275,753	$ 2,750,377	$ 2,593,989	$ 1,119,364

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

5. Deferred Revenue – (continued)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives				
Aboriginal Awareness Program	$ -	5,100	5,100	$ -
Chronic Disease Collaborative	30,876	39,821	8,945	-
Drop the Pop	-	14,030	15,000	970
Health Quality Council	3,981	702	5,170	8,450
Kids First North Mental Health	3,151	88,151	85,000	-
Kids First North Screening	10,183	67,213	59,100	2,070
MCRRHA PNOM Fee	70	70	-	-
Northern Health Strategy	74,080	114,597	84,000	43,483
Northern Human Services Partnership	76	-	-	76
Northern Regional Intersectoral Committee	-	3,333	26,333	23,000
Provincial Telehealth Operations Manager	49,862	85,711	35,850	-
Population Health - KYRHA	-	25,000	25,000	-
Population Health - Safe Food Handlers	-	-	550	550
Population Health - Plumbing Inspections	-	-	1,045	1,045
Primary Health Care RN (N/P)	-	5,200	5,200	-
SGI ABI Rehabilitation and Education	57,440	68,703	11,263	-
SRNA Quality Workplace Program Agreement	8,279	-	-	8,279
Type 2 Diabetes/KYRHA	-	-	300	300
Uranium Monitoring	-	-	79,460	79,460
Total Non Sask Health	**$ 237,998**	**$ 517,632**	**$ 447,316**	**$ 167,682**
Total Deferred Revenue	**$ 1,513,751**	**$ 3,268,009**	**$ 3,041,305**	**$ 1,287,047**

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. Other sources are recorded as revenue as the related costs are incurred. The program Kids First North has prepaid rent to the RHA in the amount of $6,000 (2006 - $12,000) and is reflected in the capital fund. Monthly revenue of $500 is recorded as rent costs are incurred.

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2007	2006	Capital Fund	Community Trust Fund	Total 2007	Total 2006
Decrease (Increase) in accounts receivable	$ 1,172,303	$ (657,745)	$ 10,555	$ -	$ 10,555	$ 115,650
Decrease (Increase) in inventory	19,223	(95,171)	-	-	-	-
(Increase) Decrease in prepaid expenses	(16,107)	13,285	-	-	-	-
(Decrease) Increase in accounts payable	(281,813)	(158,001)	91,218	-	91,218	(1,802)
(Decrease) Increase in accrued salaries	(365,183)	357,459	-	-	-	-
Increase (Decrease) in vacation payable	76,270	81,462	-	-	-	-
(Decrease) Increase in deferred revenue	(226,705)	27,666	(6,000)	-	(6,000)	(6,000)
	$ 377,988	$ (431,045)	$ 95,773	$ -	$ 95,773	$ 107,848

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

7. Primary Health Care Transition Fund

The Northern Health Strategy Working Group (NHSWG) received a financial contribution from the Primary Health Care Transition Fund, Health Canada, (PHCTF) for an initiative entitled *Community and Organizational Transition to Enhance the Health Status of all Northerners*. The RHA, being the co-chair of the NHSWG, is the recipient to whom the contribution is being made and who is responsible for carrying out the obligations set out in the Contribution Agreement, which ended on September 30, 2006.

Partners: Northern Inter-Tribal Health Authority, University of Saskatchewan, Kelsey Trail Regional Health Authority, Athabasca Health Authority, Saskatchewan Health and Manitoba/Saskatchewan Region of Health Canada's First Nations and Inuit Health Branch.

Objectives: To utilize existing working relationships among various jurisdictions to move to a primary health care approach that is more comprehensive, accessible, coordinated, accountable, integrated, and sustainable.

Expected Results: A more coordinated approach across jurisdictions in the planning and delivery of primary health care services. By reducing jurisdictional barriers, individuals will receive more seamless services resulting in improved health outcomes. Particular improvements are expected in areas of chronic disease management, mental health and addictions, and injury prevention.

The financial contribution the RHA received and the payments it made on behalf of the NHSWG for the 2006-2007 fiscal year are:

	2007	2006
Financial contribution	$ 910,001	$ 1,089,504
Expenditures	297,363	1,840,140
Surplus / (Deficit)	$ 612,639	$ (750,636)

These amounts are not reflected in the financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2007, was $25,522 (2006- $9,246). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

	2007	2006
Revenues		(Note 10)
Saskatchewan Government Insurance	$ 118,368	$ 114,633
Kids First North	155,364	145,782
Other RHA's	138,232	-
Other	93,992	-
	$ 505,956	$ 260,415
Expenditures		
Saskatchewan Association Health Organizations	$ 558,084	$ 418,680
Saskatchewan Property Management	414,954	403,951
Workers Compensation Board	199460	194,415
North Sask Laundry & Support Services Ltd.	179,418	182,604
Saskatchewan Telecommunications	196,418	176,556
Public Employees Superannuation Plan	151,724	139,950
Saskatchewan Healthcare Employee's Pension Plan	962,694	813,155
Saskatchewan Power Corporation	151,724	94,209
Other Regional Health Authorities	194,619	414,226
Saskatchewan Government Employees Union	54,651	45,866
Saskatchewan Housing Corporation	35,258	447,186
Health Canada (Saskatchewan Region)	-	72,903
Saskatchewan Population Health and Evaluation Research Unit	27,000	74,568
Other	79,230	55,655
	$ 3,205,234	$ 3,533,924

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

9. Related Parties – (continued)

	2007	2006 (Note 10)
Accounts Receivable		
Other Regional Health Authorities	$ 128,647	$ 209,327
Health Transition Fund	-	879,240
Kids First North	47,336	-
Other	-	213,129
	$ 175,983	$ 1,301,696
Prepaid Expenditures		
Workers Compensation	$ 45,568	$ 41,221
Accounts Payable		
Saskatchewan Property Management Corporation	$ 14,395	$ 14,023
Saskatchewan Telecommunications	93,906	13,289
Saskatchewan Healthcare Employee's Pension Plan	99,890	-
Other RHA's	29,842	71,987
Other	22,103	61,959
	$ 260,136	$ 161,258

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2007	2006
Sandy Bay Community Resources Center, Inc.	-	139,700
Creighton Alcohol and Drug Abuse Council Inc.	142,407	133,800
La Ronge Emergency Medical Services	571,135	553,528
Nor-Man Regional Health Authority	36,768	36,768
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	35,840	35,840
	$ 786,150	$ 899,636

10. Comparative Information

Certain 2005-2006 balances have been reclassified to conform to the current year's presentation.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $579,114 (2006 - $498,901) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2006-2007 budget plan on June 5, 2006.

13. Financial Instruments

a) Significant terms and conditions

Loan Guarantee

Mamawetan Churchill River Regional Health Authority is one of four shareholders of North Saskatchewan Laundry & Support Services Ltd. North Saskatchewan Laundry & Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the company has sufficient cash flows to operate effectively. The company is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. In February 2005, the Board of Directors passed a resolution to guarantee a proportionate share (1/4) of an operating loan for the laundry service. The liability of Mamawetan Churchill River Regional Health Authority is limited to $62,225 (2006- $100,000).

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2007

13. Financial Instruments - (continued)

a) Fair value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

cash and short-term investments
accounts receivable
accounts payable
accrued salaries and vacation payable

b) Operating Line of Credit

The RHA has a line of credit of $500,000 (2006- $500,000) with an interest rate charged at prime rate, which is re-negotiated annually. The line of credit is secured by an Assignment and Hypothecation of Revenues. Total interest paid on the line of credit in 2007 was $nil (2006 - $nil). The line of credit was approved by the Minister on June 19, 2002.

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $19,982 (2006 - $16,922) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

16. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonably determined.

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2007

	Budget 2007	Actual 2007	Actual 2006
Operating:			
Board costs	$ 195,960	$ 219,087	$ 170,730
Compensation - Benefits	1,975,639	2,225,322	1,516,551
Compensation - Salaries	10,635,668	10,177,735	9,673,642
Diagnostic imaging supplies	24,586	19,468	18,543
Drugs	248,854	185,148	230,757
Food	163,385	153,875	155,917
Grants to ambulance services	643,743	643,743	626,136
Grants to third parties	142,407	142,407	274,636
Housekeeping and laundry supplies	27,479	29,243	25,525
Information technology contracts	-	-	-
Insurance	37,618	34,568	35,334
Interest	10,647	22,896	73,598
Laboratory supplies	73,000	90,946	69,819
Medical and surgical supplies	129,348	211,733	121,800
Medical remuneration and benefits	671,315	755,583	613,817
Office supplies and other office costs	71,285	83,271	60,918
Other	1,220,463	1,257,019	1,359,541
Other referred out services	-	-	-
Professional fees	130,507	106,778	116,424
Prosthetics	-	-	-
Purchased services	1,176,816	818,420	793,386
Rent/lease costs	440,370	411,149	371,157
Repairs and maintenance	33,502	27,184	24,633
Service contracts	100,655	78,811	94,286
Travel	652,517	582,147	532,342
Utilities	332,267	299,430	287,527
	$ 19,138,031	$ 18,575,965	$ 17,247,018
Restricted:			
Amortization		$ 468,184	$ 578,924
Loss/(Gain) on disposal of fixed assets		-	-
Other		9,406	108,361
		$ 477,590	$ 687,285

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2007

	Amount
Restricted Investments*	
Cash and Short Term	
Chequing and Savings:	
Conexus Credit Union	$ 14,390
Flin Flon Royal Bank	2,377
Flin Flon Credit Union	3,216
La Ronge CIBC	434,853
Total Cash & Short Term Investments	$ 454,836
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Restricted Investments	**$ 454,836**
Unrestricted Investments	
Cash and Short Term	
Chequing and Savings - CIBC	$ 2,031,074
Total Cash & Short Term Investments	$ 2,031,074
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Unrestricted Investments	**$ 2,031,074**
Total Investments	**$ 2,485,910**
Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 2,485,910
Total Long Term	$ -
Total Investments	**$ 2,485,910**

* Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally Restricted Funds); and Saskatchewan Health has provided designated funding for capital expenditures. As a condition of this funding, the RHA is required to classify these funds as externally restricted in the Capital Fund (Note 2b[ii] and Schedule 3).

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2007

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	$ 6,460	$ 3,112	$ -	$ (351)	$ -	$ 9,222
Weyakwin Home Care	2,364	5	-	-	-	2,369
Creighton Home Care	3,220	6	-	(10)	-	3,216
Sandy Bay Home Care	2,402	-	(25)	-	-	2,377
Pinehouse Home Care	2,475	565	-	(242)	-	2,799
Total Community Trust Fund	**$ 16,922**	**$ 3,688**	**$ (25)**	**$ (603)**	**$ -**	**$ 19,982**

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the rate payers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the Regional Health Authority with respect to use of the trust fund.

Schedule 3 – (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2007

CAPITAL FUND

	Balance Beginning of Year	Capital Grant Funding	Expenses	Balance End of Year
Automatic External Defibrillators	$ 3,600	$ -	$ -	$ 3,600
Carbon Monoxide Meter	1,960	-	-	1,960
Hematology Analyzer	9,448	-	-	9,448
Blood Gas Analyzer	10,602	-	-	10,602
ECG's Machine	7,866		7,866	-
Respiratory (Crash) Cart	2,500	-	-	2,500
ER/Home Care Renovations	12,000	-	4,483	7,517
Hobart Mixer Guard	2,322	-	2,322	-
Automatice Floor Scrubber	8,000	-	-	8,000
Architectural Blueprints	5,232	-	-	5,232
Storage area for files	5,051	-	5,051	-
Sandy Bay Air Conditioning Installation	7,020	3,550	-	10,570
Refurbish Housing Units	1,636	-	1,636	-
Diagnostic Imaging Equipment	110,000	-	81,200	28,800
Tandberg Ultrasound Equipment	3,701	-	3,701	-
Dental Chair	7,165	-	7,165	-
ERGO Lift (Medi Chair)	1,925	-	1,925	-
Century Tub	12,209	-	12,209	-
Bucky Diagnostic Celing System	-	117,558	11,675	105,883
Dental X-Ray Machine	-	11,890	-	11,890
Fetal Monitor	-	8,153	8,153	-
Electric Beds (5)	-	20,102	20,102	-
Telehealth	-	6,000	-	6,000
Onix Software (Finance)	-	19,491	19,491	-
Medication Carts	-	8,000	-	8,000
Tonopen	-	17,610	17,610	-
Bed Pan Flusher	-	10,834	10,834	-
Air Quality Testing Units (2)	-	6,000	-	6,000
Assessment Tables (4)	-	10,400	-	10,400
Vaccine Fridges (2)	-	10,000	-	10,000
Dishwasher	-	11,450	11,450	-
Total Capital Fund	**$ 212,237**	**$ 261,038**	**$ 226,874**	**$ 246,401**

TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 229,159**	**$ 264,726**	**$ 227,501**	**$ 266,383**

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2007

	Balance Beginning of Year	Net Income Allocated	Transfer from Externally Restricted Fund Balance (from unrestricted fund)	Tranfer to investment in capital asset fund balance	Balance End of Year
Total Capital	$ 50,145	$ 27,195	$ 28,958	$ 9,400	$ 96,898

Amounts represented in this schedule are donations to be used for capital purchases.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF
BOARD MEMBER REMUNERATION
for the year ended March 31, 2007

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF
BOARD MEMBER REMUNERATION
for the year ended March 31, 2007

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2007 TOTAL	2006 TOTAL
Al Rivard	9,960	16,582	5,114	-	7,352	1,380	40,388	37,118
Al Loke	-	5,675	1,528	-	3,172	303	10,678	9,561
Charlene Logan	-	6,112	4,309	-	7,144	446	18,011	16,031
Ida Ratt Natomagan	-	5,972	2,862	-	4,932	357	14,123	16,286
Josie Searson	-	4,158	630	-	1,173	17	5,978	-
Larry Beatty	-	4,001	3,357	-	5,513	227	13,098	11,321
Louise Wiens	-	5,611	1,163	-	1,740	-	8,514	19,497
Mary Denechezhe	-	9,450	5,406	-	10,470	593	25,919	24,391
Peter J. Bear	-	4,209	5,448	-	8,735	414	18,806	14,203
Ron Woytowich	-	5,559	1,012	-	4,465	280	11,316	8,270
Tammy Cook Searson	-	3,125	533	-	937	103	4,698	2,685
William Dumais	-	3,155	1,807	-	3,246	171	8,379	12,123
TOTAL	9,960	73,609	33,169	-	58,879	4,292	179,909	171,486

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF
SENIOR MANAGEMENT SALARIES, ALLOWANCES, BENEFITS AND SEVERANCE
for the year ended March 31, 2007

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF
SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2007

	2007					2006		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Lionel Chabot, CEO	$ 11,642	$ 2,476	$ 14,118	$ -	$ 14,118	$ 113,922	$ -	$ 113,922
Kathy Chisholm, CEO	98,935	13,940	112,875	-	112,875	-	-	-
Barb Biliske, Exec Director Acute and Continuing Care	97,794	12,004	109,798	-	109,798	106,306	-	106,306
Jill Beatty Johnson, Executive Director of Primary Care	44,718	5,569	50,287	-	50,287	107,295		
Kenneth Kowalczyk, CFO	85,127	11,782	96,909	-	96,909	82,521	-	82,521
Susan Halland, Director of Human Resources	86,911	11,299	98,210	-	98,210	88,025	-	88,025
Teresa Heinrichs, Director of Informatics	28,693	5,926	34,619	-	34,619	50,434	-	50,434
Judy Moore, Director of Population Health Unit	-	-	-	-	-	52,306	-	52,306
Kathy Chisholm, Director of Population Health Unit	7,026	-	7,026	-	7,026	59,801	-	59,801
Donna Stockdale, Director of Population Health Unit	86,786	14,159	100,945	-	100,945	-	-	-
Leah Sandercock, Director of Quality Initiatives and Risk Management	46,049	7,366	53,415	-	53,415	62,152	-	62,152
Linda Mikolayenko, Director of Communications	54,262	6,582	60,844	-	60,844	30,111	-	30,111
Brenda Mishak Beckman, Director of Primary Care	86,475	12,909	99,384	-	99,384	-	-	-
Wayne Kuffner, Director of APRS	69,387	10,239	79,626	-	79,626	-	-	-
Sharyn Swann, Director of Mental Health	75,899	12,915	88,814	-	88,814	-	-	-
			-		-	-	-	-
Total	$ 879,704	$ 127,166	$ 1,006,870	$ -	$ 1,006,870	$ 752,873	$ -	$ 752,873

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of all monies paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, adhesion for personal interest, non-accountable relocation benefits, personal use of an automobile, cell phone, computer, etc. As well as any other taxable benefit.